



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WJ0071455141

INSTALLATION ADDRESS

**ADVANCED CHEMICAL TECHNOLOGY
1100 SOUTH ALEXA AVE
CITY OF INDUSTRY CA 91740**

**STATE STREET AND RIVER ROAD
CANDEM CA 08105**



U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

I.	INSTALLATION'S EPA I.D. NO.
II.	NAME OF INSTALLATION
III.	INSTALLATION MAILING ADDRESS
IV.	LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

C																									
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INSTALLATION'S EPA I.D. NUMBER															APPROVED					DATE RECEIVED (yr., mo., & day)				
FNSD07145514121																				800818				

I. NAME OF INSTALLATION

ADVANCED CHEMICAL TECHNOLOGY																																														
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II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX																																														
31																																														
CITY OR TOWN																																														
4K																																														
ST. ZIP CODE																																														
4K																																														

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER																																														
5																																														
CITY OR TOWN																																														
6																																														
ST. ZIP CODE																																														
6																																														

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)																																			PHONE NO. (area code & no.)											
2																																			15											

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER																																														
8																																														

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		A. GENERATION		B. TRANSPORTATION (complete item VII)	
F - FEDERAL	M - NON-FEDERAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		C. TREAT/STORE/DISPOSE		D. UNDERGROUND INJECTION	
		<input type="checkbox"/>		<input type="checkbox"/>	

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
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VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION		B. SUBSEQUENT NOTIFICATION (complete item C)		C. INSTALLATION'S EPA I.D. NO.									
<input checked="" type="checkbox"/>		<input type="checkbox"/>											

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

WMSD07145514121

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
11	12	13	14	15	16
17	18	19	20	21	22
23	24	25	26	27	28
29	30	31	32	33	34
35	36	37	38	39	40
41	42	43	44	45	46
47	48	49	50	51	52
53	54	55	56	57	58
59	60	61	62	63	64
65	66	67	68	69	70
71	72	73	74	75	76
77	78	79	80	81	82
83	84	85	86	87	88
89	90	91	92	93	94
95	96	97	98	99	00

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
11	12	13	14	15	16
17	18	19	20	21	22
23	24	25	26	27	28
29	30	31	32	33	34
35	36	37	38	39	40
41	42	43	44	45	46
47	48	49	50	51	52
53	54	55	56	57	58
59	60	61	62	63	64
65	66	67	68	69	70
71	72	73	74	75	76
77	78	79	80	81	82
83	84	85	86	87	88
89	90	91	92	93	94
95	96	97	98	99	00

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

1	2	3	4	5	6
11	12	13	14	15	16
17	18	19	20	21	22
23	24	25	26	27	28
29	30	31	32	33	34
35	36	37	38	39	40
41	42	43	44	45	46
47	48	49	50	51	52
53	54	55	56	57	58
59	60	61	62	63	64
65	66	67	68	69	70
71	72	73	74	75	76
77	78	79	80	81	82
83	84	85	86	87	88
89	90	91	92	93	94
95	96	97	98	99	00

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
11	12	13	14	15	16
17	18	19	20	21	22
23	24	25	26	27	28
29	30	31	32	33	34
35	36	37	38	39	40
41	42	43	44	45	46
47	48	49	50	51	52
53	54	55	56	57	58
59	60	61	62	63	64
65	66	67	68	69	70
71	72	73	74	75	76
77	78	79	80	81	82
83	84	85	86	87	88
89	90	91	92	93	94
95	96	97	98	99	00

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE (10001)
☐ 2. CORROSIVE (10002)
☐ 3. REACTIVE (10003)
☒ 4. TOXIC (10004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: [Signature] NAME & OFFICIAL TITLE (Type or Print): Dr. [Name] DATE SIGNED: 1/18/85

APR 23 11 02 AM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

RCRA GENERATOR INSPECTION FORM

287

COMPANY NAME: ACT Poly, Drum

EPA I.D. NUMBER:

NJ 10 071455/41 APK

COMPANY ADDRESS:

STATE ST. + RIVER AVE.
CAMDEN, N.J.

COMPANY CONTACT OR OFFICIAL:

JACK STEPHENS

TITLE:

ASSISTANT PRODUCTION MGR

INSPECTOR'S NAME:

WAYNE HOWITZ

BRANCH/ORGANIZATION:

N.I.D.E.P. BHW

CHECK IF FACILITY IS ALSO A TSD

FACILITY ☐

DATE OF INSPECTION:

3/25/81

YES

NO

DON'T
KNOW

(1) Is there reason to believe that the facility has hazardous waste on site? X

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☐ Company admits that its waste is hazardous during the inspection.

☐ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES	NO	DON'T KNOW
-----	----	------------

h. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials? YES NO DON'T KNOW

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

d. Describe the activities that result in the generation of hazardous waste.

81013 Polyethylene Pellets into drums, adding

Coloring Agents in Pellet Form

(2) Is hazardous waste stored on site? YES NO DON'T KNOW

a. What is the longest period that it has been accumulated?

b. Is the date when drums were placed in storage marked on each drum? YES NO DON'T KNOW

(3) Has hazardous waste been shipped from this facility since November 19, 1980? YES NO DON'T KNOW

a. If "yes," approximately how many shipments were made?

(4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made? YES NO DON'T KNOW

b. If "no" or "don't know," please elaborate.

YES	NO	DON'T KNOW
-----	----	---------------

Does each manifest (or a representative sample) have the following information?

- a manifest document number
- the generator's name, mailing address, telephone number, and EPA identification number
- the name, and EPA identification number of each transporter
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:
- a description of the wastes (DOT)

~~the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle~~

- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

(5) Were there any hazardous wastes stored on site at the time of the inspection?

- a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?
- b. If not properly packaged or in secure tanks, please explain.
- c. Are containers clearly marked and labelled?
- d. Do any containers appear to be leaking?
- e. If "yes," approximately how many?

- *(6) Has the generator submitted an annual report to EPA covering the previous calendar year?

a. How do you know?

- (7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago?

- a. If "no," have Exception Reports been submitted to EPA covering these shipments?

- (8) General comments.

*utilizes a dry
ACT¹ MANUFACTURING
process. NO WASTE IS GENERATED
All poor grade & off spec material
is recycled through the process.*

* The effective date for this requirement is March 1, 1982.



RCRIS NOTIFICATION DATA DISCREPANCY FORM

Information from RCRIS

Facility Name: Advanced Chemical Technology
Facility EPA ID Number: NJD071455141
Facility Address: State Street & River Road
City: Camden St: NJ Zip: _____
Mailing Address: _____
City: _____ St: _____ Zip: _____
Facility Contact: _____ Phone: _____
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LOG/SQG): _____
Other: demolished build.

New Information (make change to "E" record only)

Facility Name: _____
Facility EPA ID Number: _____
Facility Address: _____
City: _____ St: _____ Zip: _____
Mailing Address: _____
City: _____ St: _____ Zip: _____
Facility Contact: _____ Phone: _____
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LOG/SQG): _____
Other: _____

In response to this request, please modify RCRIS Handler Notification Data for the following:
General Generator Information:

Facility Name
Facility Address
Facility Contact
SIC Code(s)
Other

EPA ID Number
Mailing Address
Phone
Waste Code(s)

Add/Change Generator Status Codes:

C	S
	1 conditionally exempt Small Quantity Generator
	2 Definitionally Excluded Wastes
	3 Deleted Wastes
	4 Small Quantity Hazardous Waste Generator
	5 Non-hazardous Hazardous Waste Generator

C	S
	6 No longer Generates HW; Still in Business
X	7 No longer Generates HW; Out of Business
	8 Never Generated Hazardous Waste
	9 ID Number to Transport Non-Hazardous Waste
	1 Regulated Under Another ID
	2 Number(s) Not Included

Joel Golumbek, Chief, NJCS

Date

11-23-94
Gen=1/1 NJ-11/20/94

FACILITY I.D.#	FACILITY NAME	CITY	GEN.	TRANS.	TSD	INSPECTION DATE	RCRA VIOLATION CITED
NJ0061059168 ✓ 282	National Can Corp.	Piscataway	X	X	X	3/31/81	None
NJ0069039626 ✓ 282	Safety Klean Corp.	Clayton	X	X	X	3/27/81	263.20 263.21 263.22 265.15 265.51, .52 .53 and .54 265.18
NJ0030306732 ✓ 284	Eastcoast Pollution Control	Clayton		X		3/27/81	
NJ0009448432 ✓ 285	FMC Corp.	Malaga	X	X	X	4/3/81	265.17 265.13
NJ0002182228 ✓ 286	Reagent Chemical Research Incorporated	Middlesex	X		X	3/25/81	262.40 (a) and (d)
NJ0071455141 ✓ 287	Act Poly Drum	Camden	X			3/25/81	None
NJ0071462279 ✓ 287	Borden Inc.	Camden	X	X	X	3/25/81	265.15 266.16 265.13
NJ0069011518 ✓ 289	Grafco Printed Circuits	Camden	X	X		3/25/81	262.21 (a) and (b)
NJ0067375600 ✓ 290	Malvern Metals	Camden	X	X	X	3/25/81	

10001 CY TROU 82R
 80127-1-10001
 18. 10 1-10 10001
 10001

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 28, 2013 - 1:43 PM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJD071455141	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 10/28/2013		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:4 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: crme_foia.rtf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: crmecomp3, cclation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 28, 2013 - 1:43 PM

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ADVANCED CHEMICAL TECHNOLOGY

County Name / Code: CAMDEN / NJ007

NJD071435141

Location: STATE ST & RIVER RD; CAMDEN, NJ 08105

REGION 02

Mailing: 1100 S AZUSA AVE; CITY OF INDUSTRY, NJ 91748

Activity Location: NJ	State District: SOUTHERN	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: N
Generator: N	Transporter: N	Operating TSDF: —	IC in Place: N	El Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: —	
Full Enforcement: —	Converter: —	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wtkld: N	State TSDF: —	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Evaluations With No Violations:

CEI Evaluation: 08/03/1993	Activity Location: NJ	By: EPA Contractor	Identifier: 000	Person: R2	Branch:	Found Violation: NO
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:	Focus Area:	

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 28, 2013 - 1:43 PM

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CESG), or not a generator (N).
Transporter	Indicates that the facility transports waste subject to RCRA regulations. ("Y" indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ("Y" indicates that the facility is in this universe).
El Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ("Y" indicates the exposure exists and is under control; "N" indicates the exposure exists and is not under control; "N" indicates the exposure does not exist) GW - Groundwater Release ("Y" indicates the exposure exists and is under control; "N" indicates the exposure exists and is not under control; "N" indicates the exposure does not exist)
Short-Term Gen Transfer Facility	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Offsite Receiver	Indicates that the facility transfers hazardous waste.
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ("Y" indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ("Y" indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ("Y" indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ("Y" indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ("Y" indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ("Y" indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ("Y" indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is an EPA Significant Non-Complier with a Compliance Schedule. ("Y" indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 28, 2013 - 1:43 PM

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Description of codes used on the report:

Code	Description
B	Indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	Indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	Indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	Indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - Indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:

Code	Description
E	Indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	Indicates that the handler is a former non-notifier.
X	Indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CE:	COMPLIANCE EVALUATION INSPECTION ON-SITE

* Note: Penalty amount may not reflect all violations cited.

NJD 980 789 929

**COMPLIANCE EVALUATION INSPECTION (CEI)
RUSSELL-STANLEY CORPORATION
CAMDEN, NEW JERSEY
WORK ASSIGNMENT R02035**



CDM FEDERAL PROGRAMS CORPORATION
a subsidiary of Camp Dresser & McKee Inc.

COMPLIANCE EVALUATION INSPECTION (CEI)
RUSSELL-STANLEY CORPORATION
CAMDEN, NEW JERSEY
WORK ASSIGNMENT R02035

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ATTACHMENTS

New Jersey Generator Inspection Report
New Jersey Hazardous Waste Inspection Report

1.0 INTRODUCTION

In accordance with RCRA policy, hazardous waste transporter, generator, or treatment/storage/disposal (TSD) facilities are subject to Compliance Evaluation Inspections (CEI) which address facility environmental concerns. The inspections are conducted to evaluate compliance with all applicable standards promulgated under 40 CFR Parts 262 through 268.

Under TES V Work Assignment R02035, CDM Federal Programs Corporation (CDM Federal) was contracted to conduct a CEI at the Russell-Stanley Corporation (Russell Stanley) in Camden, New Jersey. Kathryn Garris and Rob Savill of CDM Federal visited Air Products on September 20, 1993 to conduct the CEI. The information within this report was obtained from the facility representative and onsite records during the CEI, except where referenced otherwise.

The CEI was conducted using (as appropriate) the New Jersey Generator Inspection Report and the New Jersey Hazardous Waste Inspection Report. These documents were used as a basis for the inspection. All pertinent information is recorded in the inspection narrative. When necessary, relevant checklists were completed to provide additional detail when specific concerns were encountered during the inspection.

2.0 SITE BACKGROUND

2.1 FACILITY DESCRIPTION AND OPERATIONS

Russell-Stanley, located at River Road and State Street in Camden, New Jersey, manufactures polyethylene drums. At this location, the facility began operations in 1984 and presently employs 57 people.

The inspection consisted of meeting with the facility representative, conducting a walk-through of the facility, and reviewing facility documents. The EPA ID number for Russell-Stanley is NJD980789929. Facility representative, Charles Morelli, was present during the inspection.

2.2 HAZARDOUS WASTE GENERATION

The only hazardous waste regularly generated by the facility consists of Safety Kleen solvent (petroleum naphtha) that is used for cleaning. Safety Kleen of Southhampton, New Jersey supplies the facility with a 30 gallon container of solvent. The solvent is replaced by Safety Kleen approximately once a month. The facility also generates waste hydraulic oil that is emptied from two steel 250 gallon tanks into drums for disposal. The facility disposes a total of six to ten drums a year of hydraulic oil through Safety Kleen in Linden, New Jersey.

3.0 ON-SITE OBSERVATIONS

3.1 IDENTIFICATION OF HAZARDOUS WASTES

Two 250 gallon tanks of hydraulic oil were identified at the facility during the inspection. The oil is continually reused until disposal. No drums of waste hydraulic oil were present. A 30 gallon container Safety Kleen solvent was also identified at the facility during the inspection.

3.2 EXAMINATION OF PAPERWORK

The facility uses New Jersey Hazardous Waste Manifests to fulfill the receipt requirements of disposing hazardous waste and waste oil. All manifests were complete.

4.0 CONCLUSIONS

No areas of concern or potential violations were noted during the inspection. Also, no areas of contamination or possible contamination were identified.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-829

HAZARDOUS WASTE MANAGEMENT FACILITY INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Stanley ^{for} Russell Stanley

FILE NUMBER: _____

VHT FACILITY FILE NUMBER: _____

PERMIT #: _____

REGION: II

INSPECTION DATE: 4/20/93

INCIDENT/CASE NUMBER: _____

INSPECTION TYPE: CEI

RESPONSIBLE AGENCY CODE: _____

INSPECTOR'S NAME: Kathryn Garris / Rob Savill

INSPECTOR'S AGENCY: CAM Federal Programs

INSPECTOR'S BUREAU: EPA Contractor

EPA ID NUMBER: (609) 541-2376 for USD 48078992

ADDRESS: River Road & State Street
Camden, NJ 08105

LOT: _____ BLOCK: _____

COUNTY: Camden

FACILITY PERSONNEL: Charlie Meselli

TELEPHONE #: 609-541-2376

OTHER STATE/EPA PERSONNEL: _____

REPORT PREPARED BY: Kathryn Garris

REVIEWED BY: _____

DATE OF REVIEW: _____

TIME IN: 1336

TIME OUT: 1500

PHOTOS TAKEN ☐ YES ☒ NO

IF YES, HOW MANY? _____

SAMPLE TAKEN ☐ YES ☒ NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance 411

Number of manifests not in compliance _____

List manifest document numbers of those manifests not in compliance.

SITE BACKGROUND INFORMATION

=====

EMPLOYEES: 57 DATE OPERATIONS BEGUN: 1984 8 hr SHIFTS/WEEK: 3

ACRES: 77,000^{acres} # BUILDINGS/SQft: 1 bldg SIC CODE: 3412

PRODUCTS PRODUCED: polyethylene drums

VOLUME PRODUCED (or \$ value): 2,500 drums / day

PREVIOUS OPERATIONS AT SITE: drum production

WATER SUPPLY: Condor

MONITORING WELLS (explain): N/A

SANITARY DISPOSAL: Condor

FLOOR DRAINS: none

AIR PERMITS: 50102 Exp 12/15/93 for stack emission, 017175 exp 4/10/94

NJPOES PERMITS: none

PERMITS - OTHER: -

PREVIOUS ENFORCEMENT HISTORY (min 2 yrs):

none

TANKS ON SITE (non hazardous waste):

3 Hydraulic oil tanks - each ~ 250 gal (only 2 are used)

COMMENTS:

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS

The facility manufactures polyethylene drums - no waste is produced in this process. Any deformed drums are rematted and reformed. The facility does produce waste by degreasing oil and Solvent Safety Klean solvent.

SUMMARY OF VIOLATIONS:

When making a referral, list each citation and the basis for issuing the violation (add additional pages as needed):

Describe the activities that result in the generation of hazardous waste.

None, However the facility uses
Safety Klean solvent for cleaning parts

The facility also continually uses hydraulic
oil until its ready for disposal

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes).

1 A 30 gal container of Safety Klean solvent
(still in use)

2 250 gallon tanks of hydraulic oil (still
in use)

GENERATOR CHECKLIST

=====

GENERAL 7:26

7.4(a)1

Does the Generator have an EPA ID number?

 /

Does the generator generate/store >100 kg of hazardous waste (lkg acutely) or only >1001 gal of waste oil in any given month? (except x725 - 100 kg rule applies)

 /

If no, does the generator wish to delist?

 /

If the generator wishes to delist, do a delisting inspection.

12.1(a)

Is the site ACTING as a TSDF by:
(no Part A or B)

Treatment of a hazardous waste?

 /

Storage of hazardous waste in underground tanks?

 /

Hazardous wastes placed in piles or surface impoundments?

 /

Disposal of hazardous waste on site (ie landfill, injection well)?

 /

Accumulation of hazardous waste for more than 90 days?

 /

COMMENT:

9.3(a)1

Is site acting as a generator but accumulating waste (containers or approved tanks) over 90 days?

 /

COMMENT:

SOLID WASTE DETERMINATION

- 1.6 (b) Does the Generator produce any materials which meet the definition of a "solid waste". These would include any solid, liquid, semi-solid or contained gaseous material which has served or can no longer serve its original intended use. These materials include spent material, sludges (i.e. wastewater treatment sludge or material from air pollution control equipment), by-products, discarded commercial chemical products, scrap metals and residues?

Is material:

1. Discarded or intended to be discarded
2. Accumulated, stored or physically, chemically or biologically treated prior to, or in lieu of, being discarded
3. Burned for energy recovery
4. Applied to the land or placed on land or contained in a product that is applied or placed on the land in a manner constituting disposal
5. Recycled?

- 1.6(d) Does the generator process any material under toll agreement pursuant to NJAC 7:26-1.4 (such material is classified as a "solid waste").

HAZARDOUS WASTE DETERMINATION

- 8.5(a) Did the generator determine if its "solid waste" is hazardous?

- 8.5(b) Is the waste listed (or a mixture)?
If no then:

- 8.5(b)(1) Did the generator determine the hazardous characteristics based upon testing of the waste in accordance with 8.9-8.12?

Based on characteristics, is the waste hazardous?

- 8.5(b)(2) Did the generator determine the hazardous characteristics based upon knowledge of materials or process?

Based on knowledge, is the waste hazardous?

GENERATOR/TSD MANIFEST INSPECTION CHECKLIST

*Generator completes manifests although they
are a SQG*

MANIFESTS:

Outgoing:

N.J.A.C. 7:26-

Yes No N/A

7.4(a)4, 5 - Does each outgoing manifest have the following information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)4i - Generator's name, address (site and mailing), and telephone number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)4ii - Generator's EPA ID number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)4iii - Transporter's name, telephone number, and NJDEP registration and decal numbers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)4iv - Transporter's EPA ID number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)4v - Designated facility name, address, and telephone number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)4vi - TSP's EPA ID number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)4vii - Proper USDOT description (proper shipping name, hazard class, ID number, quantity, waste code)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)4viii - Complete MOS description in Section J, where applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(h) - Exception report requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)5i - Generator's signature for manifest certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)4viii - Generator's name and date for manifest certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)5ii - Transporter's signature and date acknowledging receipt?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4(a)4viii - Printed name of transporter acknowledging receipt?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total number of outgoing manifests reviewed:	<u>3</u> ^{ten} ₇		

Incoming - United States
N.J.A.C. 7:26-7.6(a)2

N/A

Does each incoming manifest (from United States) have the following information?

Generator's name, address (site and mailing), telephone number, EPA ID number, signature and date?

[] [] [] ☒

Transporter's name, telephone number, NJDEP registration and decal numbers, signature and date?

[] [] [] ☒

Designated facility name, address, telephone number, and EPA ID number?

[] [] [] ☒

Proper USDOT description of waste (proper shipping name, hazard class, ID number, quantity, waste code)?

[] [] [] ☒

Complete NOS description in Section J, where applicable?

[] [] [] ☒

Manifest Document Number?

[] [] [] ☒

N.J.A.C. 7:26-7.6(b)

Yes No N/A

Did facility sign and date each manifest?

[] [] [] ☒

Total number of incoming (from United States) manifests reviewed:

Incoming - Canada
N.J.A.C. 7:26-7.4(b)

Does each incoming manifest (from Canada) have the following information?

Transporter name, telephone number, NJDEP registration and decal numbers, signature and date?

[] [] [] ☒

Designated facility name, address, telephone number, and EPA ID number?

[] [] [] ☒

Proper USDOT description of waste (proper shipping name, hazard class, ID number, quantity, waste code)?

[] [] [] ☒

Complete NOS description in Section J, where applicable?

[] [] [] ☒

Manifest Document Number?

[] [] [] ☒

N.J.A.C. 7:26-

7.6(b) - Did facility sign and date each manifest?

[] [] [] ☒

7.6(c)1 - Generator's name, address, U.S. importer's name, address and EPA ID number?

[] [] [] ☒

7.6(c)2 - U.S. importer's agent signature and date?

[] [] [] ☒

Total number of incoming (from Canada) manifests reviewed:

WASTE OIL

Does the generator ONLY generate X722 waste oil in any amount? or.

Does the generator ONLY generate or store (in above ground tanks or drums) less than 1001 gal of only waste oil (except X725 for which 100 kg rule applies) per month?

7.7(d) If yes, are receipts (or manifests) obtained from registered hauler and retained for 3 yrs? (check quantities on receipts)

Note: No other HW regs apply * unless the storage of the X722 waste exceeds 1,000 gal: or unless the waste oil is also a federal (RCRA) hazardous waste.*

Does the generator generate over 100 kg of hazardous waste (or 1 kg if acutely hazardous) and any listed waste oil or generate/store *>1000* gal of waste oil in any given month?

If yes, the generator must be in compliance with:
(use appropriate checklist section)

Manifests requirements (7.4)

Labeling and Container requirements
[9.4(d), 7.2(a)&(b), 9.3(a)3, 9.6(e)]

*Documentary Requirements
[9.4(g), 9.6, 9.7]*

Satellite Regs [9.3(d)]

WASTE OIL TANKS:

Is there above ground > 1001 gal total capacity (which includes drums) but <90 day storage?
[Use TANKS (above ground, less than 90 day storage) section in checklist 9.3(b)]

If yes, does the generator have a letter of approval from HWENG?

And is the generator in compliance with other requirements for less than 90 day storage of HW in above ground tanks [9.3(b)]?

Is there above ground > 1001 gal total capacity,
and >90 day storage? _____ ✓ _____

If yes, is the generator:

12.1(a) Acting as TSD? _____ ✓

9.3(a)1 Acting as a Generator? _____ ✓

Does the generator store waste oil in underground tanks? _____ ✓ _____

If yes, refer to TANKS (underground) section
in checklist [9.2(b)].

Note: The only exceptions to the
underground tank prohibition are:

- A) *New commercial service station waste oil
tanks of <1001 gal capacity*
- B) Underground tanks in existence and in use
for HW storage prior to 1/17/83.

EP7/slw

DOCUMENT: SHOTWELL
FOLDER: SLWNCB

YES NO N/A

8.5(c)

If the waste is not listed or hazardous based on characteristics, has the Department requested the generator to submit a plan analyzing for the presence of hazardous waste constituents (8.16)?

____ ☒ ____

If yes:

Has the generator submitted the plan in a timely manner?

____ ☒ ____

Has the generator conducted the approved plan and submitted the results?

____ ☒ ____

Based on constituents, is the waste hazardous?

____ ☒ ____

8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept three years (in operating log) from the date that the waste was last sent to an on-site or off-site TSD?

____ ☒ ____

G-8

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☒ Containers
- ☐ Tanks (greater than 90 days)
(complete HWMF (TSD) Facility Checklist)
- ☒ Tanks (less than 90 days)
- ☐ Above ground
- ☐ Below ground
- ☐ Surface impoundments
(complete HWMF (TSD) Facility Checklist)
- ☐ Piles (complete HWMF checklist)

YES NO N/A

7:26-9.3(a)1

Is waste accumulated for more than 90 days?

____ ☒ ____

YES NO N/A

7:26-9.4(b)

Waste Analysis *N/A* *SQG*

7:26-9.4(b)1i

Is there a detailed chemical and physical analysis of a representative sample of the waste(s) or each waste? (At a minimum, this analysis must contain all the information necessary for proper treatment storage or disposal of the waste).

7:26-9.4(b)1111

Does the character of the waste handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? Check only one:

Waste characteristics vary: ___

All waste(s) are basically the same: ___

Company treats all waste(s) as hazardous: ___

7:26-9.4(b)2

Is there a written waste analysis plan at the facility?

Does it contain: ___

7:26-9.4(2)1

Parameters for which each hazardous waste stream will be analyzed including constituents listed in NJAC 7:26-8.16 and the rationale for the selection of these parameters?

7:26-9.4(b)211

The test methods which will be used to test for these parameters?

7:26-9.4(b)2111

The sampling method which will be used to obtain a representative sample of the waste to be analyzed?

7:26-9.4(b)21v

The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date?

7:26-9.4(b)2v

For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply?

7:26-9.4(b)2v11

Procedures which will be used to identify changes in waste stream characteristics?

Does hazardous waste come to this facility from an outside source? (e.g., another generator).

If yes, list the name(s) of generators.

YES NO N/A

7:26-9.4(b)4	If waste comes from an outside source, are there procedures in the waste analysis plan to insure that waste received conforms to the accompanying manifest?	—	—	—
	Does the plan describe:			
7:26-9.4(b)41	The procedures which will be used to determine the identity of each shipment of waste managed at the facility?	—	—	—
7:26-9.4(b)411	The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling?	—	—	—
7:26-9.4(c)1	Did the facility accept hazardous waste which it is not authorized to handle?	—	—	—
7:26-9.4(1)	Are all records and results of waste analysis performed pursuant to NJAC 7:26-9.4(b) and 9.4(e) as applicable written in the operating log?	—	—	—
7:26-9.4(h)	<u>Security</u>			
	Does the facility have:			
7:26-9.4(h)11	A 24 hour surveillance system which continuously monitors and controls entry onto the active portion of the facility?	—	—	—
7:26-9.4(h)111	An artificial or natural barrier, which completely surrounds the active portion of the facility; and a means to control entry, at all times, through the gates or other entrances to the active portion of the facility?	—	—	—
7:26-9.4(h)3	Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?	—	—	—
	If no, explain what measures are taken for security.			

YES NO N/A

7:26-9.4(f)

General Inspection Requirements

7:26-9.4(f)1

Does the owner or operator inspect the facility for malfunctions and deterioration, operator errors and discharges which may be causing, or may lead to:

7:26-9.4(f)11

Discharge of hazardous waste constituents to the environment?

— — — ✓ SQG

7:26-9.4(f)111

A threat to human health?

— — — ✓

7:26-9.4(f)3

Has the owner or operator developed, and does the owner or operator follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection or response to environmental or human health?

— — — ✓

7:26-9.4(f)31

Did the owner or operator submit the written inspection schedule to the department?

— — — —

If yes, when was it submitted?

— — — —

7:26-9.4(f)3111

Is the written inspection schedule kept at the facility?

— — — —

7:26-9.4(f)31v

Does the schedule identify the types of problems to be looked for during the inspection?

— — — —

7:26-9.4(f)3v

Does the schedule include the frequency of inspection, based upon the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunctions or any operator error goes undetected between inspections?

— — — —

7:26-9.4(f)5

Is there evidence that problems reported in the inspection log have not been remedied?

— — — —

7:26-9.4(f)6

Does the owner/operator record inspections in a log?

— — — —

YES NO N/A

7:26-9.4(f)6	Are these records kept for at least three (3) years from the date of inspection?	—	—	✓
7:26-9.4(f)6	Does the records include the date, and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial action?	—	—	✓
7:26-9.4(g)	<u>Personnel Training</u>			
	Have facility personnel successfully completed a program of classroom instruction or on-the-job training within six months of having been employed?	—	—	✓ 546
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	—	—	✓
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of training?	—	—	✓
	Is there written documentation of the following:	—	—	✓
7:26-9.4(g)6i	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	—	—	✓
7:26-9.4(g)6ii	A written job description for each position related to hazardous waste management?	—	—	✓
7:26-9.4(g)6iii	A written description of the type and amount of both introductory and continuing training given to personnel in jobs related to hazardous waste management?	—	—	✓
7:26-9.4(g)6iv	Documentation of actual training or experience received by personnel?	—	—	✓

YES NO N/A

7:26-9.4(g)7 Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?

— — ✓

7:26-9.4(g)8 Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?

— — ✓

7:26-9.6 Preparedness and Prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-9.6(b)1 An internal communications or alarm system?

✓ — —

7:26-9.6(b)2 A telephone or other device to summon emergency assistance from local authorities?

✓ — —

7:26-9.6(b)3 Portable fire equipment, spill control equipment, and decontamination equipment?

✓ — —

7:26-9.6(b)4 Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?

✓ — —

7:26-9.6(c) Is equipment tested and maintained?

✓ — —

7:26-9.6(d)1 Is there immediate access to communications or alarm systems during handling of hazardous waste?

✓ Rev — —

7:26-9.6(e) Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

✓ — —

If no, please explain.

YES NO N/A

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

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Explain.

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type of waste handled on site?

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?

7:26-9.6(f)2

Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?

7:26-9.6(f)3

Agreements with emergency response contractors, and equipment suppliers?

7:26-9.6(f)4

Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?

7:26-9.6(f)5

Arrangements with local fire departments to inspect the facility on a regular basis with at least two inspections annually?

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?

506

YES NO N/A

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

7:26-9.7(c)

Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with NJAC 7:27E-4.1 et seq.?

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services?

7:26-9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up-to-date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall assume responsibility as alternates?

YES NO N/A

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?

— — —

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?

— — —

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility; and
2. Has the contingency plan been submitted to local authorities (police, fire departments, emergency response teams)?

— — —

— — —

7:26-9.7(k)

Is there at least one employee on site or on call with the responsibility of coordinating all emergency response measures?

— — —

7:26-9.8

Closure Plan

7:26-9.8(c)

Does the facility have a written closure plan?

— — — SQG

Does the owner/operator keep a written copy of the closure plan and all revisions to the plan at the facility?

— — —

If yes, does the plan include:

		YES	NO	N/A
7:26-9.8(e)11	A description of how and when the facility will be partially closed (if applicable) and ultimately closed?	—	—	✓
7:26-9.8(e)111	The maximum extent of the operation which will be open during the life of the facility?	—	—	✓
7:26-9.8(e)2	An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the life of the facility?	—	—	✓
7:26-9.8(e)3	A description of the steps needed to decontamination facility equipment during closure?	—	—	✓
7:26-9.8(e)4	A schedule for final closure including the anticipated date when the wastes will no longer be received, the date when completion of final closure is anticipated, and intervening milestone dates which will allow tracking of the progress of closure?	—	—	✓
	<u>Post Closure Plan</u> <i>SQR</i>			
7:26-9.9(g)	Does the facility have a written post-closure plan kept at the facility?	—	—	✓
	If yes, does the plan:			
7:26-9.9(1)	Identify the activities which will be carried on after closure and the frequency of these activities?	—	—	—
7:26-9.9(1)1	Include a description of the planned ground water monitoring activities and frequencies at which they will be performed?	—	—	—
7:26-9.9(1)2	Include a description of the planned maintenance activities, and frequency at which they will be performed, to insure the following:	—	—	—
7:26-9.9(1)21	The integrity of the cap and final cover or other containment structures where applicable?	—	—	—
7:26-9.9(1)211	Describe the function of the facility monitoring equipment?	—	—	—

YES NO N/A

7:26-9.9(1)3

Include the name, address and phone number of a person or office to contact about the disposal facility during the post-closure period?

Does the owner/operator have a written estimate of the cost of post-closure for the facility?

If yes, what is it?

Please circle all appropriate activities and answer questions in appropriate sections all activities circled.

Storage	Treatment	Disposal
<u>Container</u>	Tank	Landfill
<u>Tank, Above Ground</u>	Surface Impoundments	
Tank, Below Ground	Incineration	Surface Impoundments
Surface Impoundments	Thermal Treatment	Other _____
Waste Piles		
Other _____	Chemical, Physical and Biological Treatment	
Other _____		

7:26-9.4(d)

Containers

What type of containers are used for storage? Describe the size, type, quantity and nature of wastes (e.g., 12 fifty-five gallon drums of waste acetone).

7:26-9.4(d)11

Do the containers appear to be of sturdy leakproof construction of adequate wall thickness, weld, hinge and seam strength, and of sufficient material strength to withstand side and bottom shock, while filled, without impairment of the container's ability to contain hazardous waste?

If no, explain.

YES NO N/A

7:26-9.4(d)111

Are the lids, caps, hinges or other closure devices of sufficient strength that when closed, they will withstand dropping, overturning or other shock without impairment of the container's ability to contain hazardous waste?

☒ ☐ ☐

If no, explain.

7:26-9.4(d)2

Do the containers appear to be in good condition, not in danger of leaking?

☒ ☐ ☐

7:26-9.4(d)2

If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.

☐ ☐ ☐

7:26-9.4(d)3

Are hazardous wastes stored in containers made of compatible materials?

☐ ☐ ☒

7:26-9.4(d)41

Are all containers securely closed, except those in use, so that there is no escape of hazardous waste or its vapors?

☒ ☐ ☐

If no, explain.

7:26-9.4(d)4111

Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking?

☒ ☐ ☐

If no, explain.

7:26-9.4(d)41v

Are containerized hazardous wastes segregated in storage by waste type?

☐ ☐ ☒

7:26-9.4(d)4v

Are containerized hazardous wastes arranged so that their identification label is visible?

☒ ☐ ☐

7:26-9.4(d)5

Does the owner/operator inspect the container storage area at least daily, looking for leaks and for deterioration caused by corrosion or other factors?

☒ ☐ ☐

7:26-9.4(d)6

Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line?

☒ ☐ ☐

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(d)7i	Are incompatible wastes, or incompatible wastes and materials placed in the same container?			<input checked="" type="checkbox"/>
	If yes, explain.			
7:26-9.4(d)7ii	Are hazardous wastes placed in unwashed containers that previously held incompatible wastes?			<input checked="" type="checkbox"/>
	If yes, explain.			
7:26-9.4(d)7iii	Are containers holding hazardous waste that are incompatible with any waste or other materials stored nearby in other containers, open tanks, or surface impoundments separated from the other materials or protected from them by means of a dike, berm, wall or other device?			<input checked="" type="checkbox"/>
7:26-9.4(e)1i	Are ignitable, reactive or incompatible wastes protected from sources of ignition or reaction?	<input checked="" type="checkbox"/>		
	If no, explain.			
7:26-9.4(e)1ii	Does the owner/operator confine smoking and open flames to specially designated locations when ignitable or reactive wastes are being handled?	<input checked="" type="checkbox"/>		
	If no, explain.			
7:26-9.4(e)1iii	Does the owner/operator conspicuously place "No Smoking" signs whenever there is a hazard from ignitable or reactive waste?	<input checked="" type="checkbox"/>		
	If the treatment, storage or disposal of ignitable or reactive waste, and the mixture of incompatible wastes and materials, conducted so that it does not:			
7:26-9.4(e)2i	Generate extreme heat or pressure, fire or explosion, or violent reaction?	<input checked="" type="checkbox"/>		
7:26-9.4(e)2ii	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health.	<input checked="" type="checkbox"/>		

		YES	NO	N/A
7:26-9.4(e)2iii	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(e)2iv	Damage the structural integrity of the device or facility containing the waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(e)2v	Threaten human health or the environment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-11.2	<u>Tanks</u>			
	What are the approximate number and size of tanks containing hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Identify the waste treated/stored in each tank.			
	<u>General Operating Requirements</u>			
7:26-11.2(a)2	Are hazardous wastes or treatment reagents placed in the tank that could cause the tank or its inner liner to rupture, leak or corrode?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, please explain.			
	Are there leaking tanks?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger of ruptures, corrosion, leaks or other failures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-11.2(3)	Do uncovered tanks have at least two feet of freeboard or an adequate containment structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-11.2(c)	<u>Inspections</u>			
	Is the tank(s) inspected for:			
	1. Discharge control equipment (each operating day).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

YES NO N/A

	2. Monitoring equipment (each operating day).	—	—	—
	3. Level of waste in tank (each operating day).	—	—	—
	4. Construction of materials of the tank (weekly).	—	—	—
	5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures (weekly)?	—	—	—
7:26-11.2(e)	Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?	—	—	—
	If no, please explain.			
7:26-11.2(f)	Does it appear that incompatible wastes are being stored separate from each other?	—	—	—
7:26-9.2(b)	Are there underground tanks used to store hazardous waste?	—	—	—
	If yes, how many and can they be entered for inspection?	—	—	—
	Has the underground tank been in use on or before November 19, 1980? Specify Date.	—	—	—
	If no, when was the tank placed in use?			
7:26-9.2(b)3i	Does the facility have a ground water monitoring plan approved by the department?	—	—	—
7:26-9.2(b)3ii	Is the use of the tank specified to the manufacturers recommended lifetime?	—	—	—
7:26-11.3	<u>Surface Impoundments</u> <i>N/A</i> Describe the design and operating features of the surface impoundment to prevent ground water contamination (e.g., liner leachate collection system). Give the approximate size of surface impoundments (gallons or cubic feet). Please specify the types of waste stored and treated.			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.3(a)	Is there at least two feet of freeboard in the impoundment?			<u> / </u>
7:26-11.3(b)	Do all earthen dikes have a protective cover to preserve their structural integrity?			<u> / </u>
	If yes, please specify the type of covering.			
7:26-9.4(c)1	Does the owner/operator have a detailed chemical and physical analysis of a representative sample of the waste in the impoundment?			<u> / </u>
7:26-9.4(i)	Does the owner/operator place the results from each waste analysis and trial test, or the documented information, in the operating record of the facility?			<u> / </u>
7:26-11.3(d)	Does the owner or operator inspect:			
7:26-11.3(d)1	The freeboard level at least once each operating day to ensure compliance with subsection 11.3(a)?			<u> / </u>
7:26-11.3(d)2	The surface impoundment, including dikes and vegetation surrounding the dike, at least once a week to detect any leaks, deterioration or failures in the impoundment?			<u> / </u>
7:26-11.3(f)	Is ignitable or reactive waste placed in the surface impoundment?			<u> / </u>
7:26-11.3(f)1	If yes, is the waste treated, rendered, or mixed before or immediately after placement in the impoundment?			<u> / </u>
7:26-11.3(f)11	Does the resulting waste, mixture, or dissolution of material no longer meet the definition of ignitable or reactive waste?			<u> / </u>

YES NO N/A

7:26-11.3(f)111	Is the waste treated, rendered or mixed so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	✓
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	✓
7:26-9.4(e)2111	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	✓
7:26-9.4(e)21v	Damage the structural integrity of the device or facility containing the waste?	—	—	✓
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	✓
7:26-11.3(f)2	Is the surface impoundment used solely for emergencies?	—	—	✓
7:26-11.3(g)	Are incompatible wastes, or incompatible wastes and materials placed in the same surface impoundment?	—	—	✓
	If yes, is the waste managed so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	✓
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	✓
7:26-9.4(e)2111	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	✓
7:26-9.4(e)21v	Damage the structural integrity of the device or facility containing the waste?	—	—	✓
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	✓
7:26-11.4	<u>Landfills</u> <i>N/A</i>			
	Identify the types of waste and size of the landfill.			
	<u>General Operating Requirements</u>			
7:26-11.4(a)1	Is run-on diverted away from all portions of the landfill?	—	—	✓

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.4(a)2	Is runoff from active portions of the landfill collected?	—	—	✓
7:26-11.4(a)3	Is waste which is subject to wind dispersal controlled?	—	—	✓
	Please explain how.			
7:26-11.4(a)4	Does waste disposal or the disposal operation occur within 200 feet (60.6 meters) of the property boundary?	—	—	✓
7:26-11.4(a)6	Are untreated, ignitable, or reactive wastes placed in the landfill?	—	—	✓
	If yes, explain.			
7:26-11.4(a)7	Are incompatible wastes, or incompatible wastes and materials placed in the same hazardous waste landfill cell?	—	—	✓
	If yes, explain.			
7:26-11.4(a)8	Are bulk or non-containerized liquid waste or waste containing free liquids placed in a hazardous waste landfill?	—	—	✓
	If yes:			
7:26-11.4(a)8i	Does the hazardous waste landfill have a liner which is chemically and physically resistant to the added liquid and a functioning leachate collection and removal system with a capacity sufficient to remove all leachate produced?	—	—	✓
7:26-11.4(a)8ii	Before disposal, is the liquid waste or waste containing free liquids treated or stabilized, chemically or physically, so that free liquids are no longer present?	—	—	✓
7:26-11.4(a)9	Are containers holding liquid waste or waste containing free liquids placed in a hazardous waste landfill?	—	—	✓
	If yes:			
7:26-11.4(a)9i	Is the container designed to hold liquids or free liquids for a use other than storage, such as a battery?	—	—	✓

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.4(a)911	Is the container very small, such as an ampule?			<input checked="" type="checkbox"/>
7:26-11.4(a)10	Are empty containers crushed flat, shredded, or similarly reduced in volume before it is buried beneath the surface of a hazardous waste landfill?			<input checked="" type="checkbox"/>
7:26-11.4(a)11	Does the owner or operator of a hazardous waste landfill continue to dispose of hazardous wastes subsequent to the detection of any liquid, in the secondary collection system?			<input checked="" type="checkbox"/>
7:26-11.4(b)	Does the owner or operator of a hazardous waste landfill maintain an operating record required in NJAC 7:26-9.4(i)?			<input checked="" type="checkbox"/>
7:26-11.4(b)1	Does the owner/operator maintain a map, the exact location and dimensions, including depth of each cell with respect to permanently surveyed bench marks?			<input checked="" type="checkbox"/>
7:26-11.4(b)2	The contents of each cell and the appropriate location of each hazardous waste type within each cell?			<input checked="" type="checkbox"/>
	Are containers holding liquid waste or waste containing free liquids placed in the landfill?			<input checked="" type="checkbox"/>
	Please describe the types and contents of such containers placed in the landfill.			
	Are empty containers placed in the landfill crushed flat, shredded or similarly reduced in volume before they are buried?			<input checked="" type="checkbox"/>
	Are small containers of hazardous waste in overpacked drums placed in the landfill?			<input checked="" type="checkbox"/>
	If yes, please describe precautions taken to prevent the release of the waste.			
7:26-11.5	<u>Incinerator</u> <i>N/A</i>			
	What type of incinerator is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.).			

YES NO N/A

Is the residue from the incinerator a hazardous waste?

— — ✓

What types of air pollution control devices (if any) are installed in the incinerator unit?

Is energy recovered from the process?

— — ✓

If yes, describe.

What is the destruction and removal efficiency for the organic hazardous waste constituents?

7:26-11.5(b)1

Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:

7:26-11.5(b)11

Heating value of the waste?

— — ✓

7:26-11.5(b)111

Halogen and sulfur content?

— — ✓

7:26-11.5(b)1111

Concentrations of lead and mercury?

— — ✓

7:26-11.5(2)

If no to any of the above questions, is there justification and documentation?

— — ✓

If operating, does it appear the incinerator is operating at steady state for conditions of operation, including temperature and air flow?

— — ✓

Monitoring and Inspection

7:26-11.5(c)1

Are existing instruments relating to combustion and emission controls monitored every 15 minutes?

— — ✓

If no, explain.

7:26-11.5(c)1

Does the incinerator have all the following instruments for measuring: Wastefeed, auxiliary fuel feed air flow, incinerator temperature scrubber flow, and scrubber pH? (Circle Missing Instruments).

— — ✓

If no, explain.

7:26-11.5(c)2

Is the stack plume observed visually at least hourly for opacity and color?

— — ✓

		YES	NO	N/A
7:26-11.5(c)3	Are there any signs of leaks, spill and fugitive emission associated with the pumps, valves, conveyors, pipes, etc.?			
	If yes, describe.			
7:26-11.5(c)3	Are all emergency shutdown controls and system alarms checked to assure proper operation?			
	Is there any reason to believe the incinerator is being operated improperly? i.e., steady state conditions are not maintained.			
	If yes, explain.			
7:26-11.5(c)3	Is the incinerator inspected daily?			
7:26-11.6	<u>Thermal Treatment</u> <i>N/A</i>			
	What type of thermal treatment is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.).			
	List the types and quantities of hazardous waste thermally treated.			
	Is the residue from the thermal treatment unit a hazardous waste?			
	What types of air pollution control devices (if any) are installed in the thermal treatment unit?			
	Is energy recovered from the process?			
	If yes, describe.			
	What is the destruction and removal efficiency for the organic hazardous waste constituents?			
7:26-11.6(b)1	Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:			
7:26-11.6(b)11	Heating value of the waste?			
7:26-11.6(b)111	Halogen and sulfur content?			
7:26-11.6(b)1111	Concentrations of lead and mercury?			

YES NO N/A

7:26-11.6(2)

If no to any of the above questions,
is there justification and documentation?

If operating, does it appear the
thermal treatment unit is operating
at steady state for conditions of
operation, including temperature
and air flow?

Monitoring and Inspection

Are existing instruments relating to
combustion and emission controls
monitored every 15 minutes?

If no, explain.

7:26-11.6(c)1

Does the thermal treatment have all
the following instruments for
measuring: Wastefeed, auxiliary
fuel feed air flow, incinerator
temperature scrubber flow, and
scrubber pH? (Circle Missing
Instruments).

If no, explain.

7:26-11.6(c)2

Is the stack plume observed visually
at least hourly for opacity and color?

7:26-11.6(c)3

Are there any signs of leaks, spills
and fugitive emission associated with
the pumps, valves, conveyors, pipes, etc?

If yes, describe.

7:26-11.6(c)3

Are all emergency shutdown controls
and system alarms checked to assure
proper operation?

Is there any reason to believe the
thermal treatment unit is being
operated improperly? i.e., steady
state conditions are not maintained.

If yes, explain.

7:26-11.6(c)3

Is the thermal treatment inspected daily?

7:26-11.6(e)

Is there open burning of hazardous waste?

If yes, what is being burned? (Only
burning or detonation of explosives is
permitted).

YES NO N/A

If open burning or detonation of explosives is taking place, approximately what is the distance from the open burning or detonation to the property of others?

7:26-11.7

Chemical, Physical and Biological Treatment

(Other than in tanks, surface impoundments or plant treatment facilities).

Describe the treatment system at this facility and the types of wastes treated.

7:26-11.7(a)2

Does the treatment process system show any signs or ruptures, leaks or corrosion?

If yes, describe.

7:26-11.7(a)3

Is there a means to stop the inflow of continuously fed hazardous wastes?

Inspections

7:26-11.7(c)1

Is the discharge control safety equipment (e.g., waste feed cut-off systems, bypass systems, drainage systems and pressure relief systems) in good working order?

7:26-11.7(c)1

Are they inspected at least once each operation day?

7:26-11.7(c)2

Does the data gathered from the monitoring equipment (e.g., pressure and temperature gauges) show treatment process is operating according to design?

7:26-11.7(c)2

Is data gathered at least once each operating day?

7:26-11.7(c)3

Are construction materials of the treatment process inspected at least weekly to detect corrosion or leaking of fixtures and seams?

7:26-11.7(c)4

Are the discharge confinement structures (e.g., dikes) immediately surrounding the treatment unit inspected at least weekly to detect erosion or obvious signs of leakage (e.g., wet spots or dead vegetation).

		YES	NO	N/A
7:26-11.7(e)1	Are ignitable or reactive waste fed into the waste treatment system treated or protected from any material or conditions which may cause it to ignite or react?	/		
	If yes, explain how.			
7:26-11.7(f)	Are the incompatible wastes placed in the same treatment process?			
	If yes, please explain.			
7:14A-6	<u>Ground Water Monitoring</u> (Applies only to: Surface impoundments, landfills, land disposal facilities).			
7:14A-6.2	Does the owner/operator have a ground water monitoring plan approved by the department and capable of determining the facility's impact on the quality of ground water?			
	If no, please explain.			
	How many monitoring wells has the facility installed?			
	What is the depth to ground water?			
	How many deep monitoring wells are on site? (Indicate depth of monitoring wells).			
	How many shallow monitoring wells are on site? (Indicate depth of monitoring wells).			
7:14A-6.3(a)	Is the ground water monitoring system capable of yielding ground water samples for analysis?			
	If no, please explain.			
7:14A-6.3(a)1	Are monitoring wells installed hydraulically upgradient?			
	If yes, specify how many and the depth of each.			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:14A-6.3(a)2	How many monitoring wells are installed hydraulically downgradient?	—	—	✓
	If yes, specify how many and the depth of each.			
7:14A-6.4(a)	Does the owner/operator have a ground water sampling and analysis plan?	—	—	✓
	If no, please explain.			
7:14A-6.4(a)	Does the plan include procedures and techniques for:			
	1. Sample Collection	—	—	✓
	2. Sample Preservation and Shipment	—	—	✓
	3. Analytical Procedures	—	—	✓
	4. Chain of Custody	—	—	✓
	List the types and quantities of hazardous waste incinerated.			
7:26-9.4(b)3	Did the owner or operator submit the waste analysis plan to the Department?	—	—	✓
	If yes, when was the plan submitted?			

FILE # : _____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
& ENERGY

DIVISION OF FACILITY WIDE ENFORCEMENT

BUREAU: _____

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Russell Stanley Corp

EPA ID NUMBER: NJD 980789929 CASE NUMBER: _____

STREET ADDRESS: River Road & State Street

MUNICIPALITY: Camden COUNTY: Camden

MAILING ADDRESS: _____
(if different)

BILLING ADDRESS: _____
(if different)

TELEPHONE # 609-541-⁹⁴⁹⁶ 446 FAX # 609-541-9496

BLOCK : _____ LOT : _____

FACILITY PERSONNEL: Charles Morrelli - Plant Manager
(name & title)

INSPECTION DATE: 9/6/93

INSPECTOR'S NAME & TITLE: Kathryn Garri, Env Scientist
Rob Swill, Env Scientist

OTHER STATE/EPA PERSONNEL: _____

REPORT PREPARED BY: Kathryn Garri

REVIEWED BY: _____ DATE OF REVIEW: _____
DFWE 29 REV. 1/12/93

INSPECTION DATE(S): 9/20/93 PAGE 2
TIME IN: 1336
TIME OUT: 1500

PHOTOS TAKEN: YES () NO (☒) QUANTITY () ATTACH
PHOTO LOG

SAMPLES TAKEN: YES () NO (☒) HOW MANY () ATTACH
SAMPLE LOG

SITE BACKGROUND INFORMATION

EMPLOYEES: 57 SHIFTS/WEEK:

DATE OPERATIONS BEGUN: SIC CODE: 3412

ACRES: 21A ⁵⁰⁰⁰ _{in building} # OF BUILDINGS/SQFT:

PRODUCTS PRODUCED: polyethylene drums

PREVIOUS OPERATIONS AT SITE: drum production

WATER SUPPLY- PUBLIC: Cum bon PRIVATE WELL:

SOLID WASTE DISPOSAL: Safety Kleen

FLOOR DRAINS: none

DRAINS CONNECTED TO- POTW: SEPTIC SYSTEM:

MONITORING WELLS:

NON-HW. TANKS ON SITE: 3 hydraulic oil tanks -

each 250 gal (1 is empty)

AIR PERMITS:

NJPDES PERMITS:

OTHER PERMITS:

PAGE 3

INSPECTION & GENERAL FACILITY DESCRIPTION & OPERATIONS

The facility manufactures poly ethylene drums.
No waste is produced as a result of this
process. Any deformed drums are
melted and re shaped. The
facility produces waste hydraulic oil
and Safety flame solvent.

add additional pages as needed

PAGE 4

[illegible]

DFWE 29
REV 01/12/93

MANIFESTS REVIEWED

Manifests reviewed from Present through 1990

Number of manifests in compliance: all

Number of manifests NOT in compliance: 1

Total number of manifests reviewed: 7

According to the manifests, does the facility import or export any waste? YES NO /

(if yes, complete the import/export section of this report)

List manifest document numbers of those manifests not in compliance and note each deficiency.

Attach copies of manifests which have deficiencies.

[illegible]

add additional pages as needed

GENERATOR INDEX

CHECK THE SECTIONS AND ACTIVITIES OF THIS REPORT WHICH ARE APPLICABLE TO THE FACILITY AND COMPLETE THOSE SECTIONS FOR THIS INSPECTION.

GENERATOR WASTE MANAGEMENT PRACTICES

<u>#</u>	<u>SECTION</u>	<u>PAGE</u>
1.	WASTE DETERMINATION	7. <u>✓</u>
2.	GENERATOR STATUS	8. <u>✓</u>
3.	SATELLITE STORAGE AREAS	9. <u> </u>
4.	< 90 DAY CONTAINER STORAGE AREAS	10. <u>✓</u>
5.	WASTE OIL USEAGE	12. <u>✓</u>
6.	< 90 DAY ABOVE GROUND TANKS STORAGE AREAS	13. <u> </u>
7.	WASTE MANAGEMENT PRACTICES	14. <u>✓</u>
8.	GENERATOR MANIFESTS	15. <u> </u>
9.	EXPORTING HAZARDOUS WASTE	17. <u> </u>
10.	CONTINGENCY PLAN & EMERGENCY PROCEDURES	18. <u> </u>
11.	PERSONNEL TRAINING	20. <u> </u>
12.	PREPAREDNESS & PREVENTION	22. <u> </u>
13.	"WASTE WATER TREATMENT UNIT" QUALIFICATION	24. <u> </u>

SECTION 1.

WASTE DETERMINATION:

	YES	NO
DOES the facility generate "solid waste".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DOES the facility generate a "hazardous waste".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IS THE FACILITY CORRECTLY CLASSIFYING ITS WASTES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IF NO, CHECK THE ITEMS OF NON COMPLIANCE.		

8.5(a) Generator failed to determine
if its "solid waste" is hazardous? ☐

7.4(x) Generator FAILED to properly classify
its waste according to the "Hierarchy". ☐

COMMENTS

SECTION 2.GENERATOR STATUS

YES NO

Does the generator generate/accumulate >100 kg
of hazardous waste (lkg acutely) or greater
than 1001 gal of listed waste oil in any
calendar month?
(except x725 - 100 kg rule applies)

— ☒

If no, does the generator wish to deactivate
his EPA ID. number?

— ☒

IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR
REQUIREMENTS OF THIS INSPECTION REPORT?

☒ —

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

7.4(a)1 The Generator failed to have an
EPA ID number.

COMMENTS

SECTION 3.

SATELLITE ACCUMULATION AREAS

IS THE FACILITY IN COMPLIANCE WITH THE
SATELLITE ACCUMULATION REGULATIONS?

YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

9.3(d)1 Quantity of waste EXCEEDS 55 gal.or
1 qt. of acutely hazardous waste.

9.3(d)2 Containers FAIL to:

Meet the standards of 7.2
(Container Requirements).

Poor or leaking container.

Container made of incompatible material.

Container not kept securely closed.

9.3(d)3 Accumulation area is:

NOT at or near a point of generation.

NOT under the control of the operator.

9.3(d)4 Containers are NOT marked
"Hazardous waste".

9.3(d)5 Containers NOT marked with date
when filled.

9.3(d)6 Containers were NOT moved from
satellite area within three days.

COMMENTS

2/15/93

SECTION 4.

GENERATOR CONTAINER STORAGE AREAS

IS THE FACILITY IN COMPLIANCE WITH THE
GENERATOR STORAGE REGULATIONS?

YES NO
 /

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- | | | |
|-------------|--|-------------------|
| 7.2(a) | <u>NO</u> manifest number on containers ready for disposal. | <u> </u> |
| 7.2(b) | Containers <u>FAILED</u> to meet DOT regulations. (49CFR 171,179) | <u> </u> |
| 9.3(a)1 | Waste <u>ACCUMULATED</u> OVER 90 DAYS. | <u> </u> |
| 9.3(a)3 | Containers <u>NOT</u> marked with accumulation start date or "Hazardous Waste". | <u> </u> |
| 9.4(d)1i | Containers <u>NOT</u> of adequate construction. | <u> </u> |
| 9.4(d)1ii | Closures <u>NOT</u> of sufficient strength. | <u> </u> |
| 9.4(d)2 | Containers <u>NOT</u> in good condition. | <u> </u> |
| 9.4(d)3 | Containers <u>NOT</u> compatible with waste. | <u> </u> |
| 9.4(d)4i | Containers <u>NOT</u> kept closed. | <u> </u> |
| 9.4(d)4iii | Containers <u>NOT</u> properly handled. | <u> </u> |
| 9.4(d)4iv | Hazardous wastes <u>NOT</u> segregated. | <u> </u> |
| 9.4(d)4v | ID Labels <u>NOT</u> visible. | <u> </u> |
| 9.4(d)4vi | Cleaning of empty containers does <u>NOT</u> take place in a designated area. | <u> </u> |
| 9.4(d)4vii | Rinse waters <u>NOT</u> handled properly. | <u> </u> |
| 9.4(d)4viii | Container reuse <u>NOT</u> in compliance with DOT regulations. | <u> </u> |
| 9.4(d)5 | The storage area is <u>NOT</u> inspected. | <u> </u> |
| 9.4(d)6 | Containers of ignitable and reactive wastes are <u>NOT</u> located at least 50 feet from the facility's property line. | <u> </u> |

9.6(d) Access to communication or
alarm system is NOT maintained.

9.6(e) INADEOUATE aisle space.

COMMENTS:

SECTION 5WASTE OIL

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE
WASTE OIL STORAGE REGULATIONS?

✓

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

The generator ONLY generates or accumulates less
than 1001 gals. of waste oil per month and:

7.7(d) Generator FAILED to obtain receipts
and retain them for three years.

9.2(b) If under ground tanks are used to
store waste oil, the generator
is NOT a:

1. New commercial service
station waste oil tanks
of <1001 gal capacity*

or does NOT:

2. Use underground tanks in
existence and in use for
Hazardous Waste storage
prior to 1/17/83.

NOTE: If the generator generates over 100 kg of
hazardous waste and any listed waste oil or
generates/stores *>1001* gal of waste oil in
any given month MUST be in compliance with
ALL generator requirements.

COMMENTS:

N/A

SECTION 6.

ABOVE GROUND TANKS

IS THE FACILITY IN COMPLIANCE WITH THE ABOVE
GROUND <90 DAY STORAGE TANK REGULATIONS?

YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the generator stores hazardous waste in an above ground
tank for <90 days, the generator FAILED to:

- 9.3(b) Have a letter of approval? _____
- 9.3(b)2 Have overfilling controls? _____
- 9.3(b)3 Have secondary containment? _____
- 9.3(b)4 Insure that 99% of the tank can be
emptied? _____
- 9.3(b)5 Empty the tank every 90 days? _____
- 9.3(b)6 Remove all wastes from the tank(s)? _____
- 9.3(b)8 If part of the tank is below grade, all
of the tank cannot be visually inspected. _____
- 9.3(b)9 The tank is not labeled with the
words "HAZARDOUS WASTE". _____

COMMENTS

SECTION 7.WASTE MANAGEMENT

IS THE FACILITY IN COMPLIANCE WITH THE WASTE
MANAGEMENT REGULATIONS?

YES NO

✓ _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

12.1(a) Generator IS ACTING as a TSDF by:

1. Treating hazardous waste. _____
2. Storing hazardous waste. _____
3. Disposing of hazardous waste on
site? _____

9.3(a)1 Site IS ACTING as a generator but
accumulating waste in containers or
approved tanks for more than 90 days. _____

9.2(a)2 Hazardous waste IS handled in a manner
which causes or may cause a spill. _____

N.J.S.A. 58:10-23.11(c)

Discharge of a hazardous substance. _____

N.J.S.A. 58:10-23.11(e)

Failure to report the discharge. _____

IF THE FACILITY IS ACTING AS A TSDF, COMPLETE THE TSD
REPORT.

COMMENTS:

N/A

SECTION 8.

GENERATOR MANIFESTS

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR
MANIFEST REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE

- | | | |
|-------------|--|-------|
| 7.4(a)3 | Generator FAILED to prepare
a Hazardous Waste Manifest. | _____ |
| 7.4(a)4 | Each manifest failed to have the
following information: | _____ |
| 7.4(a)4i | Generator's name, mailing address
(site address if different), and
phone number. | _____ |
| 7.4(a)4ii | The generator's EPA ID number. | _____ |
| 7.4(a)4iii | The transporter(s) name, phone
number, NJ registration and
decals numbers. | _____ |
| 7.4(a)4iv | The transporter(s) EPA ID number. | _____ |
| 7.4(a)4v | The name, address and phone number
of the designated TSD facility. | _____ |
| 7.4(a)4vi | The TSDF's EPA ID number. | _____ |
| 7.4(a)4vii | The proper USDOT description. | _____ |
| OR | | |
| | Complete NOS information in item J. | _____ |
| 7.4(a)4viii | Special handling instructions. | _____ |
| 7.4(a)5i | The generator signature and date. | _____ |
| 7.4(a)5ii | Transporter's signature & date. | _____ |
| 7.4(a)5iii | Generator FAILED to retain copy
and forward copies to the state
of origin & state of destination. | _____ |
| 7.4(a)5v | Generator FAILED to give the
remaining copies to hauler. | _____ |

- 7.4(e)2 Generator FAILED to use a registered Transporter. _____
- 7.4(e)3 Generator FAILED to designate an authorized TSD or reuse facility. _____
- 7.4(e)4 Generator FAILED to utilize an authorized TSD. _____
- 7.4(f) Generator FAILED to maintain the following facility records for three (3) years:
- 7.4(f)1 Manifests. _____
- 7.4(f)2 Annual and/or exception reports. _____
- 7.4(f)3 Generator FAILED to maintain records during the course of unresolved enforcement action or as requested. _____
- 7.4(h)1 Generator has FAILED to receive signed copies of all manifests. _____
- 7.4(h)1 Generator FAILED to notify the TSD or Department within 35 days. _____
- 7.4(h)2 Generator FAILED to file exception reports within 45 days. _____

COMMENTS:

21A

SECTION 9.

HAZARDOUS WASTES EXPORTATION

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE EXPORT
REQUIREMENTS OF THE REGULATIONS? _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

Generator FAILED to:

- 7.4(b) Notify the EPA of its intent to export. _____
Obtain acknowledgement of consent
from the receiving country. _____
- 7.4(c) Provide the information required in
N.J.A.C. 7:26-7.4 ET. SEQ. to the EPA. _____
- 7.4(c)7 Insure that the acknowledgement is
attached to each manifest. _____
- 7.4(c)8 Deliver a copy of the Manifest to
Customs at the point of departure? _____
- 7.4(g)4 Submit an annual report to the EPA? _____

COMMENTS:

21A

SECTION 10.

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE CONTINGENCY
PLAN & EMERGENCY PROCEEDURES REGULATIONS? _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 9.7(a) NO contingency plan. _____
- 9.7(b) Generator FAILED to impliment the
plan in an emergency. _____
- 9.7(c) Plan FAILED to describe the response
actions facility personnel and local
authorities shall take. _____
- 9.7(d) Generator FAILED to prepare a Spill
Prevention, Control, and Counter-
measures (SPCC) Plan in accordance
with 40 CFR 112 or 300 or a Discharge
Prevention Containment and Counter-
measure (DPCC) Plan in accordance with
N.J.A.C. 7:1E-4.1 et seq. _____
- NOTE: DPCC: A schedule of regulated storage
volumes and their effective dates
can be found in N.J.A.C. 7:1E-4.6(b).
- SPCC: Storage of any kind of oil and most
oil products including gasoline and
fuel oils if:
1. >660 gal single tank
 2. >1,320 gal multiple tanks
 3. >42,000 gal underground storage.
- 9.7(d) Generator has a DPCC or SPCC plan,
and FAILED to amend that plan to
incorporate hazardous waste
management. _____
- 9.7(e) Plan FAILS to describe arrange-
ments agreed to by local authorities. _____
- 9.7(f) Plan FAILS to list names, addresses,
and phone numbers (office and home)
of emergency coordinators. _____

- 9.7(g) Plan FAILS to include a list, location, AND CAPABILITIES of all emergency equipment. _____
- 9.7(h) Plan FAILS to describe evacuation procedures, evacuation signal(s) AND routes. _____
- 9.7(i) Generator FAILED to:
1. Keep a copy of the plan at the facility. _____
 2. Submit the contingency plan to local authorities. _____
- 9.7(j) Generator FAILED to revise the contingency plan when:
1. Applicable regulations are revised. _____
 2. The plan fails. _____
 3. The facility changes. _____
 4. The Emergency Coordinator changes. _____
 5. The emergency equipment changes. _____
- 9.7(k) Emergency coordinator NOT available. _____

COMMENTS

MA

SECTION 11.

PERSONNEL TRAINING

IS THE FACILITY IN COMPLIANCE WITH THE PERSONNEL TRAINING REGULATIONS? YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 9.4(g)2 Training program NOT directed by a person trained in hazardous waste management procedures and, is it NOT designed to ensure that facility personnel are able to respond effectively. _____
- 9.4(g)3 Program FAILS to include the following response procedures:
- 9.4(g)3i Use of personnel safety equipment. _____
- 9.4(g)3ii Procedures for using facility emergency and monitoring equipment. _____
- 9.4(g)3iii Key parameters for automatic waste feed cut-off systems. _____
- 9.4(g)3iv Procedures for utilizing communications or alarm systems. _____
- 9.4(g)3v Responds procedures for fires & explosions. _____
- 9.4(g)3vi Ground water contamination responds procedures. _____
- 9.4(g)3vii Shutdown procedures. _____
- 9.4(g)4 Personnel have NOT successfully completed training within six months of the date of their employment or assignment to a new position at the facility. _____
- 9.4(g)5 Personnel do NOT take part in an annual review of training. _____
- 9.4(g)6 NO written documentation of the following:
- 9.4(g)6i Job title for each position and the name of the employee filling each job. _____

- 94(9)6ii A written job description.
- 9.4(g)6iii Description of the training given to personnel.
- 9.4(g)6iv Documentation of actual training.
- 9.4(g)7 Training records are **NOT** kept.
- 9.4(g)8 Semi-annual drills, involving all employees and local authorities are **NOT** conducted.

AND,

- 9.4(g)8i Generator **FAILED** to petition the Department for an exemption from the drill requirement.

OR

- 9.4(g)8ii Generator **FAILED** to petition the Department for an exemption excluding local officials.

COMMENTS

VIA

SECTION 12.

PREPAREDNESS AND PREVENTION

		YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE PREPAREDNESS & PREVENTION REGULATIONS?		_____	_____
IF NO, CHECK THE ITEMS OF NON COMPLIANCE.			
<hr/>			
9.6(b)	Facility <u>FAILS</u> to have:		
9.6(b)1	Communications or alarm system.	_____	_____
9.6(b)2	A telephone or device to summon emergency assistance.	_____	_____
9.6(b)3	Portable emergency equipment.	_____	_____
9.6(b)4	Adequate Water supply.	_____	_____
9.6(c)	Generator <u>FAILED</u> to test and maintain emergency equipment.	_____	_____
9.6(f)	Generator <u>FAILED</u> to:		
9.6(f)1	Familiarize Police, fire departments, and emergency response teams with the layout of the facility, & hazardous waste handled.	_____	_____
9.6(f)2	Have an agreement designating primary emergency authority to a specific police and fire department where more than one Police and fire department are involved.	_____	_____
9.6(f)3	Make agreements with emergency response contractors, and equipment supplier.	_____	_____
9.6(f)4	Make arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries result from fires, explosions, or discharges at the facility.	_____	_____
9.6(f)5	Make arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually.	_____	_____

9.6(f)6

Document when authorities
identified in (f)1 through 5
above declined to enter into
such arrangements.

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COMMENTS:

DFWE 29
REV 01/12/93

VIA

SECTION 13.

WASTE WATER TREATMENT PLANT SLUDGE

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE WWTP REQUIREMENTS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the answer is YES to any of the questions listed below, the sludge drying unit is subject to Hazardous Waste Facility permit requirements and must be regulated as a Miscellaneous Unit pursuant to N.J.A.C. 7:26-10.9 et seq. The generator is operating as an illegal TSDR and SHOULD BE CITED for being in violation of N.J.A.C. 7:26-12.1(A).

1. "WASTE WATER TREATMENT UNIT" QUALIFICATION PER 7:14A-4.3

The drying unit is NOT part of a waste water treatment facility which is subject to regulation under Section 402 or Section 307(b) of the federal Clean Water Act.

Note: In order to be considered "part of" the facility, the dryer need not be physically connected to the W.W.T. facility, but must be located at the same site.

The drying unit does NOT treat a sludge which is generated on-site by the wastewater treatment facility.

The sludge is NOT to be treated as a regulated hazardous waste as defined at N.J.A.C. 7:26-8.

The drying unit does NOT meet the definition of a "tank" at N.J.A.C. 7:14A-4.3.

Note: "Tank" means a stationary device designed to contain an accumulation of hazardous waste and constructed of non-earthen materials which provide the structural strength to totally contain the waste. Dryers that are integrally equipped with feed or discharge hoppers for treatment of sludge in bulk satisfy the definition of "tank". Others not so designed may still be considered tanks on a case-by-case bases.

2. PRIMARY PURPOSE RESTRICTION

The primary purpose of the dryer is NOT to dehydrate sludge, BUT TO destroy sludge to produce an ash residue.

3. THERMAL INPUT LIMITATION:

The dryer's maximum total thermal input, excluding the heating value of the sludge itself, IS MORE than 2,500 BTU's per pound of sludge treated on a wet-weight bases.

Note: Total thermal input equals dryer heating capacity (converted to btu/min) multiplied by the maximum drying time divided by weight of sludge per batch.

use the space provided below to determine the total thermal input.

COMMENTS:

INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name:

Stanley ^{for} Russell Corp

Facility Address:

River Road - State St
Andover, VT

Facility ID No.:

NTD 980789929

Inspector's Name:

Kathryn Garcia / Rob Sawill

Inspector's Phone:

215-293-0458

Division/Branch: CDH Federal

Date of Inspection:

9/20/93

INSPECTORS' MULTI-MEDIA CHECKLIST

GENERAL VISUAL CUES OF POSSIBLE NONCOMPLIANCE WARRANTING FURTHER INQUIRY

1. Sloppy housekeeping or poor maintenance in work and storage area or laboratories.
2. Stains or discoloration of soil, concrete, or floors in work areas.
3. Distressed vegetation - unhealthy, discolored, or dead.
4. Dark smoke or dust clouds, or smoke coming from other than a smoke stack.
5. Unusual odors or strong chemical smells.
6. Sheen on surface waters.

CHECK IT OUT!

1. If you see or hear something suspicious during an inspection, check it out! Ask probing questions:
 - What is it? Is it a waste product?
 - What process produced it?
 - Has it been tested?
 - Where do you normally dispose of it?
 - Do you have a permit for the disposal?
 - How long has the circumstance existed?
 - When did it begin?
2. Pay attention to the situation.
 - Note amount of pollutant that appears to be involved.
 - Note the location.
 - Take notes describing the situation, noting the source of the pollutant and its emission point.
 - Take photographs.

PROGRAM-SPECIFIC QUESTIONS

Refer to program-specific questions in Attachment A appropriate for the facility you are inspecting.

REPORTING POSSIBLE NONCOMPLIANCE

Throughout this checklist, there are YES/NO questions. If you place an answer in a field marked with an asterisk (*), this means you should promptly refer the matter to the appropriate Region II program office. After you return from your inspection, immediately let your supervisor know that you observed possible noncompliance in another program area during your inspection. The information should then be referred to the appropriate Section Chief listed on Attachment B.

Waste Minimization Checklist

GENERATOR CHECKLIST

=====

MANIFEST

GENERAL 262.20

YES NO N/A

Does the generator, offer for transportation, hazardous waste for off-site treatment/disposal? If yes, proceed to next question. If no, proceed to 264.75/265.75.

☒ ☐ ☐

262.23

Does the generator sign the manifest certification which states:

☒ ☐ ☐

" If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of the waste generated to the degree I have determined to be economically practical and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford."

Does the generator have a written Waste Minimization Plan?

☐ ☒ ☐

If no, ask the generator to describe his plan orally.

COMMENTS:

(Explain in this space the areas that visually show evidence that a program is in place and is being implemented)

facility reduced need for hydraulic oil where possible

ANNUAL /BIENNIAL REPORT

262.41

YES NO N/A

Has the generator submitted Annual (AR)
or Biennial reports (BER) to the
appropriate regulatory agency?

— — ✓

The inspector should review these reports prior to the inspection (see above), and should try to verify the information in the report during his/her site inspection. The following questions should be addressed during the inspection.

262.56 (5)

Does the BER or AR include the efforts
undertaken during the year to reduce
the volume of toxicity of the wastes
generated?

— — ✓

Does the BER or AR include a description of
the changes in volume and toxicity of
the wastes actually achieved during the
year in comparison to previous years?

— — ✓

Do these efforts match the information
contained in the generator's written
or verbally described waste minimization
program.

--- --- ✓

Is the BER or AR certification signed by
the generator or authorized
representatives?

— — ✓

TSD CHECKLIST

The inspector should review a copy of the AR/BER prior to the inspection, and should try to verify the information in the report during his inspection. The following question should be addressed during the inspection.

Does the AR/BER include the efforts undertaken during the year to reduce the volume of toxicity of the waste generated?	YES	NO	N/A
	---	---	---

Does the AR/BER include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?	---	---	---
--	-----	-----	-----

Do these efforts match the information contained in the generator's written or verbally described waste minimization program.

Is the AR/BER certification signed by the generator or authorized representatives?	---	---	---
--	-----	-----	-----

264.75/265/75 (h-j)

Does the generator treat, store and dispose hazardous waste on site?	---	---	---
--	-----	-----	-----

If yes to the above question, does the generator submit BERs or ARs to the appropriate regulatory agency?	---	---	---
---	-----	-----	-----

**GENERAL INSTRUCTION
FOR WASTE MINIMIZATION CHECKLIST**

I. Legislation and Authority

A. The EPA is given the authority by Congress through the Hazardous and Solid Waste Amendments of 1984 (HSWA) to protect the environment by "minimizing the generation of hazardous waste and the land disposal of hazardous waste by encouraging process substitution, material recovery, properly conducted recycling and reuse, and treatment;" (HSWA, sec.1003(a) (6)). Through this and other legislative actions, Congress has made clear it's intention that the reduction of hazardous waste is far more desirable than the safe disposal of hazardous waste.

B. HSWA sets forth two basic requirements for generators and treatment, storage and disposal facilities (TSDFs). They are:

1. that hazardous waste generators submit waste minimization reports as part of the biennial reports (3002 (a) (6)),
2. that generators certify on the manifest that they have a waste reduction program in place (3005 (h))

II. Pre-inspection procedures:

Review any company documents regarding waste minimization activities conducted by the handlers to be inspected. (PAB files/ permit files if TSD). This should include records of the annual reports (AR) submitted to the states, or the biennial reports submitted to EPA. The AR/BER contain a description of the efforts taken during the year to reduce the toxicity and volume of waste generated, as well as the actual reductions achieved.

ATTACHMENT A - FOLLOW-UP QUESTIONS**RCRA**

If the facility has a RCRA permit or "interim status" as a treatment, storage or disposal facility (TSDF), do not complete this form but enter the facility's EPA ID number here _____.

Ask:

1. A. Has the facility determined that it generates hazardous waste? ☒ YES ☒ NO
 If NO, skip Questions 2 to 8 and go to Question 9. If YES continue:
 B. If the facility generates or transports hazardous waste, what is its EPA ID Number? _____
 [If the facility cannot produce an ID Number, *REFER*.]
2. A. Are there containers or tanks which hold hazardous waste? ☒ YES ☐ NO
 If NO, go to Question # 3. If YES, continue:
 B. Are the containers and/or tanks clearly marked with the word "Hazardous Waste," and are they marked with the accumulation start date? ☒ YES ☐ NO
 C. Do hazardous waste storage tanks have secondary containment systems (i.e., berm, vault, double wall tank)? ☒ YES ☐ NO
 D. Does the facility store hazardous waste in containers or tanks for longer than 90 days? ☐ YES* ☒ NO
3. Does the facility store, treat or dispose of hazardous waste in lagoons, pits, piles or landfills? ☐ YES* ☒ NO
4. Does the facility treat hazardous waste by incineration, precipitation, neutralization or other means to change the physical or chemical nature of the waste? ☐ YES* ☒ NO
5. Does the facility accept hazardous waste for treatment, storage or disposal from off-site locations (including off-site facilities owned by the same company)? ☐ YES* ☒ NO
6. Does the facility maintain copies of hazardous waste manifests on site? ☒ YES ☐ NO

RCRA, Continued

7. Are there any indications that hazardous waste storage or treatment units (i.e., containers or tanks) are poorly maintained and may cause the release of hazardous waste to the environment? YES*
8. Are there any indications that chemicals or wastes have been discharged to the environment through improper handling, leaks, spills, dumping or other discharges? YES*
9. A. Does the facility claim to generate non-hazardous process wastes (i.e., excluding office paper wastes, cafeteria wastes, etc.)? YES*

If NO, go to Question 10. If YES continue:

- B. What type of non-hazardous wastes does the facility handle (E.g., treatment sludges, ash, solvents, waste oils, etc.)

waste hydraulic oil

- C. Very briefly describe the process(es) that generate the wastes in Question 9B.

oil from machines - leaks, etc

10. Are there any indications that waste generation, handling, management or disposal practices have resulted in environmental damage or pose the threat of such damage? YES*

REFER to program office if you check an answer marked with *.

UNDERGROUND STORAGE TANKS (UST)

Ask:

1. Does the facility have regulated USTs? ☐ YES ☒ NO

[A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

If YES, ask:

2. Are the USTs registered with the State? ☐ YES ☐ NO
3. What kind of petroleum product or hazardous substance does UST contain? _____
4. Is there any evidence of UST leakage/spillage? ☐ YES* ☐ NO
5. When was the UST installed? _____
6. All USTs must have leak detection according to the following schedule:

<u>Installation Date</u>	<u>Leak Detection By December of--</u>
Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

All USTs installed after December 1988 must currently be equipped with leak detection.

Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it? ☐ YES ☐ NO*
8. Are required records available on-site (e.g., documenting registration and leak detection)? ☐ YES ☐ NO*

REFER to program office if you check an answer marked with *.

AIR
Stationary Source Compliance

1. With sun BEHIND you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? YES* NO

["Opaque smoke" is smoke -- not steam -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140° arc behind the observer. Please note whether sun was obscured; if sun was not obscured, note the relative positions of the sun, the observer and the emission point observed.]

2. If YES, ask:

A. Which process or process line is smoke coming from? (Try to be specific, e.g., "Boiler No. 4" or "Coating Line C").

B. What is the cause of the smoke emission? E.g.--

i. Is any air pollution control equipment out of service or turned off while production is ongoing? YES NO

ii. If YES: When will it be back on line? _____

iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? YES NO

C. Note color of smoke: _____

3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? YES NO

B. If YES: Did the facility obtain any state or federal air pollution permits for the expansion? YES NO

4. A. Does the facility have any coating or printing operations? YES NO

B. If YES:

ii. Are the coatings or inks used: water-based or solvent-based?

i. If solvent based, are all process lines controlled, or are coating formulations in use which comply with applicable limits? YES NO

iii. What are the principal solvents or chemical compounds used in process lines? _____
(Ask for copies of MSDS, if available.)

REFER to program office if you check an answer marked with *.

AIR, Continued

5. Observe: Are there strong solvent odors at the facility? ☐ YES* ☒ NO
7. Does the facility emit any of the following pollutants: mercury, beryllium, lead or asbestos? ☐ YES* ☒ NO
8. A. Does the facility emit, or use in its processes, vinyl chloride or benzene? ☐ YES* ☒ NO
- B. If YES:
- i. From which process lines? _____
- ii. Does the facility check for leaks on such process equipment? ☐ YES ☒ NO
9. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? ☐ YES ☒ NO
- If YES:
- B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? _____
- C. If the amount exceeded 250 linear feet, or 160 square feet, *REFER* to Air program office; and Ask: was EPA notified of removal? ☐ YES ☒ NO

* * * * *

RADIATION

Ask:

1. Are any radioactive materials used or stored at this facility? ☐ YES ☒ NO
2. If YES, does the facility have a state or federal radiation license? ☐ YES ☒ NO

REFER to program office if you check an answer marked with *.

WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
And PRE-TREATMENT/UNDERGROUND INJECTION CONTROL (UIC)

1. Observe/Ask: Does the facility dispose of any wastewater (e.g., from its manufacturing processes, wash water or other industrial wastes)? ___YES___ ☒ NO

2. If yes: Does the facility discharge wastewater into a--
 - receiving stream? ___YES___ ☐ NO
 - municipal sewer (sanitary or storm) system? ___YES___ ☐ N
 - subsurface disposal system (septic system, drywell or cesspool)? ___YES___ ☐ N

As applicable, ascertain the name of the stream or sewer system.

3. An NPDES permit is required for discharge to a waterbody; a pretreatment permit is usually issued by the municipality authorizing the discharge to a sanitary sewer system; and a UIC permit is required for subsurface disposal. Does the facility have a permit for each discharge? ___YES___ ☐ NO
No Discharge N/A

4. Does the facility treat wastewater prior to discharge? ___YES___ ☐ No
N/A

5. Observe:
 - a. Is the effluent from the wastewater treatment facilities clear and free of solids? ___YES___ ☐ N
N/A
 - b. Is equipment clean and well maintained? ___YES___ ☐ N
N/A
 - c. Are there any unusual odors? ___YES*___ ☐ N
N/A

6. Ask: Is the effluent currently in compliance with the limitations established in the permit, or the terms of an administrative or judicial compliance order? ___YES___ ☐ N
N/A

REFER to program office if you check an answer marked with *.

NPDES and UIC, Continued7. **Observe/Ask:**

- a. How are waste fluids disposed of? *Safety floor*
- b. Does the facility have floor or storm drains? YES NO

If YES:

Is there fluid in the drains? Is there evidence (staining, etc.) of fluid entering drains? Are storm drains situated such that they could receive spills from truck loading accidents, etc?

- c. Does the facility operator indicate, or is there any evidence that any wastewater, or wastes/spills go into drains? YES NO

PUBLIC WATER SUPPLY

1. **Observe/Ask:** Does the facility have its own water supply (i.e., well)? YES NO
2. If YES: Does the facility provide potable water for 25 or more persons? YES NO
3. If YES: Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state? YES NO

REFER to program office if you check an answer marked with *.

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)**EMERGENCY PLANNING and COMMUNITY RIGHT TO KNOW****ASK:**

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? YES ☒

[Threshold planning quantities are established by regulation, vary by chemical, and range from 1 lb. to 5000 lbs.]

B. If YES: Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? YES ☒
2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? YES* ☒

[Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.]

B. If YES: Was notification of the release provided? YES ☒

C. If YES:

 - i. To whom was the notification given?
 - ii. Was notification oral or written?
 - iii. If oral, was a written, follow-up report submitted? YES ☒

[If facility cannot identify to whom notification was given, cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, *REFER*.]
3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? YES ☒ NO ☐
- B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? YES ☒ NO ☐

REFER to program office if you check an answer marked with *.

EPCRA, ContinuedTOXIC RELEASE INVENTORY (TRI)

Ask:

1. Does the facility have 10 or more full-time employees? YES NO
2. Is the facility classified under SIC codes 20 through 39? YES NO

If the response to either 1. or 2. is "NO," no further questions are required.

3. If both 1. and 2. are YES:

Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). YES NO

4. If YES:

Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? YES NO

For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at 908-906-6890.

REFER to program office if you check an answer marked with *.

TOXIC SUBSTANCES CONTROL ACT (TSCA)

Ask:

1. A. Does the facility use electrical equipment that contains polychlorinated biphenyls (PCBs) (excluding small capacitors and florescent light ballasts)? YES* NO
- B. IF YES:
- i. How many oil filled electrical transformers does the facility have?
- ii. How many PCB Transformers does the facility have (transformers which contain PCBs at concentrations of 500 ppm or greater)?
2. A. Does the facility have any high temperature hydraulic systems? YES NO
- B. If YES:
- i. Have PCBs ever been used in these systems? YES* NO
- ii. What is the current PCB concentration in these systems?
3. A. Does the facility have any oil filled heat transfer systems? YES NO
- B. If YES:
- i. Have PCBs ever been used in these systems? YES* NO
- ii. What is the current PCB concentration in these systems?
4. A. OBSERVE PCB Items (transformers, capacitors, containers)
- Are any leaking? YES* NO
- Do all have a PCB label? YES NO
5. A. ASK: Does the facility have a PCB storage for disposal area? YES* NO
- B. If YES, OBSERVE the PCB storage area. Does it have --
- | | | |
|---|-------------|-----------|
| • PCBs stored for disposal in it? | <u>YES*</u> | <u>NO</u> |
| • a roof and walls to keep out rain? | <u>YES</u> | <u>NO</u> |
| • a 6" high impervious containment berm? | <u>YES</u> | <u>NO</u> |
| • a PCB label? | <u>YES</u> | <u>NO</u> |
| • Is it in the 100-year flood plain? | <u>YES*</u> | <u>NO</u> |
| • Do all items show the date "removed from service for disposal"? | <u>YES</u> | <u>NO</u> |

REFER to program office if you check an answer marked with *.

TSCA. Continued

6. ASK: Does the facility manufacture or import into the United States "new commercial chemicals" [i.e., chemicals which were not previously manufactured in or imported into the United States]? YES* NO

[Note: Specific information on such chemicals is protected by TSCA as Confidential Business Information, and should not be obtained.]

For further TSCA information, call the TSCA Assistance Office in Washington at 202-554-1404 or the Region II TSCA program office at 908-321-6759.

* * * * *

SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)

Ask:

1. A. Does the facility store oil? YES NO
 [Note that oil is not limited to petroleum products; for example, vegetable oil is covered.]
 B. If YES, does the storage capacity exceed --
 i. 660 gallons in any one above-ground tank? YES NO
 ii. 1320 gallons in all above-ground tanks? YES NO
 iii. 42,000 gallons in underground tank(s)? YES NO
2. If the answer to any part of #1. B. was YES, does the facility have a Spill Prevention, Control, and Countermeasure (SPCC) Plan? YES NO
3. Did the facility have an oil spill within the last 12 months? YES* NO

REFER to program office if you check an answer marked with *.

WETLANDS

1. Observe:

- A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? YES NO

[Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.]

- B. Are there any waterbodies or waterways on or adjacent to the site? YES NO

2. If answer to # 1. A or B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, or is there any evidence that such activities have occurred very recently? YES NO

3. If YES:

- A. When was the work undertaken? _____

- B. Does the facility have any permits for this work?

YES NO

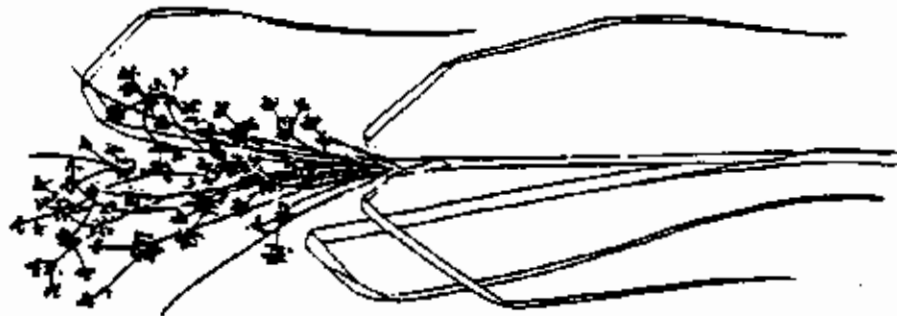
4. If YES:

- A. What agency(s) issued such permits? _____
(E.g., U.S. Army Corps of Engineers; State environmental agency.)

- B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)? _____

If facility is unable to provide adequate information in response to # 4., *REFER* to program office.

REFER to program office if you check an answer marked with *.



Seitens Corporation II, 14 months
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Realty Investments and its
brother, however, sought to purchase Carolina
and Chatham.

**Michael Minkler, art director, and
others**

General characteristics: Ponds up to 1.5 km tall, growing to small growth trees with long, narrow, aged leaves. Rivers rounded into small, oval, usually with little or less, depending

一、關於「中國共產黨」之組織
 二、關於「中國共產黨」之綱領
 三、關於「中國共產黨」之政策
 四、關於「中國共產黨」之宣傳
 五、關於「中國共產黨」之紀律
 六、關於「中國共產黨」之財政
 七、關於「中國共產黨」之教育
 八、關於「中國共產黨」之文化
 九、關於「中國共產黨」之體育
 十、關於「中國共產黨」之藝術
 十一、關於「中國共產黨」之宗教
 十二、關於「中國共產黨」之社會
 十三、關於「中國共產黨」之國際
 十四、關於「中國共產黨」之未來
 十五、關於「中國共產黨」之現在
 十六、關於「中國共產黨」之過去
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 十八、關於「中國共產黨」之過去與現在
 十九、關於「中國共產黨」之未來與過去
 二十、關於「中國共產黨」之現在、未來與過去

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spread of the disease, and the factors
of risk to people in the catchment
area, and the factors affecting the
spread of the disease during the
outbreak.

[illegible]

3



Caterpillar Nutrition Worksheet
Grade 5

Buyer: New Orleans Magazine, 100
Poydras and Maple

Habitat types, numbers, distribution, edges of ponds and ponds

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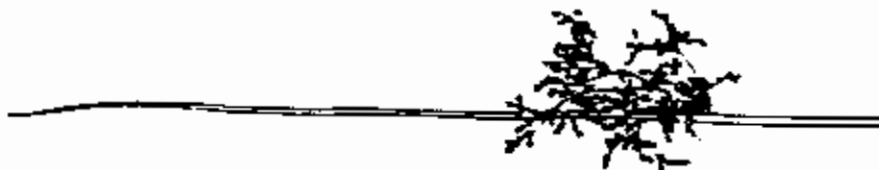
For my 25th birthday, I have enjoyed and enjoyed
to be a different person.

Leaves up to 10 inches long and 4 inch wide, almost invariably below the flower (leaves surrounding the stem rarely laid flat with a ridge at the junction of the blade, broad except at apex).

suberect. Flowers in the axils of
petioles with long tips and arranged in
spikes, the male spike single, erect at
the top of the stem, soon withering,
usually spikes two or less, thick.
Stamens of up to 1/2 inch long and
1/4 inch thick, usually or short stalked.
Pistil or strobilus drooping very
sturdy, branched, flowering during
winter, May.

...and ...

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different from
the other two.

Let's put it on the line.

Nothing! We're not active members, editors of journals and books, and there's nothing

Continued on page 10

...affairs in connection with the ...

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... William Lloyd

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Journal of Management Education

2

Attachment B

REGION II MEDIA PROGRAM SECTION CHIEFS (and Alternate Contacts)

RCRA: Joel Golumbek (NJ, Caribbean), 264-2638
John Gorman (NY), 264-2621

AIR (Except Asbestos): Karl Mangels (NY), 264-6684
Jehuda Menczel (NJ, Caribbean), 264-6680

AIR/ASBESTOS: Robert Fitzpatrick, 264-6770

UST: Dit Fai Cheung, 264-6069

TSCA: Dan Kraft, 340-6669
Dave Greenlaw, 340-6817

EPCRA: For Toxic Release Inventory: Dan Kraft, 340-6669
Nora Lopez, 340-6890

For Emergency Planning & Community Right-to-Know:
John Higgins, 340-6194

SPCC: Doug Kodama, 340-6905

Federal Facilities: John Fillipelli, 264-6723

NPDES and Pretreatment: John Kushwara, 264-9878

UIC: Frank Brock, 264-1547

Public Water Supply: Robert Williams, 2164-3409

Wetlands: Daniel Montella, 264-5170

Removal Actions: Richard Salkin, 340-6658
Bruce Sprague, 340-6656
John Witkowski, 340-6991

Radiation: Paul Glardina, 264-4110
Mindy Pensak, 264-4418
Florie Caporuscio, 264-0503

Section Chiefs should contact their appropriate counterpart(s) on the above list concerning potential violations.

WD 980 789 929
CE93 11.11.93

COMPLIANCE EVALUATION INSPECTION (CEI)
RUSSELL-STANLEY CORPORATION
CAMDEN, NEW JERSEY
WORK ASSIGNMENT R02035



CDM FEDERAL PROGRAMS CORPORATION
a subsidiary of Camp Dresser & McKee Inc.

COMPLIANCE EVALUATION INSPECTION (CED)
RUSSELL-STANLEY CORPORATION
CAMDEN, NEW JERSEY
WORK ASSIGNMENT R02035

CDM FEDERAL PROGRAMS CORPORATION

a subsidiary of Camp Dresser & McKee Inc.

November 11, 1993

Mr. Tom Hoy
Work Assignment Manager
U.S. Environmental Protection Agency
26 Federal Plaza
New York, New York 10278

PROJECT: TES V RCRA Contract No. 68-W9-0002
Work Assignment R02035
Compliance Evaluation Inspections
DOCUMENT NO: TESV-R02035-EP-DCMR
SUBJECT: Submittal of Final CEI Reports
Camden, New Jersey Sites

Dear Mr. Hoy:

CDM FEDERAL PROGRAMS CORPORATION (CDM Federal) is pleased to submit final
Compliance Evaluation Inspection (CEI) Reports for the following eleven
sites in Camden, New Jersey:

1. Hootswast Inc.
2. Camden Iron and Metal, Inc.
3. McAllister Towing Company of Philadelphia
4. Pulint Inc.
5. Russell-Stanley Corporation
6. I. Alper Company
7. Delaware River Port Authority
8. Air Products and Chemicals Inc.
9. Delaware #1 WWTB
10. SFC NY Brick in US ARC
11. Camden Resource Recovery Facility

This submittal completes all reports for Camden that were sent to us for
incorporation of EPA comments.

Attachments

Maheyan R. Billmoria, Ph.D.
Work Assignment Manager

Maheyan R. Billmoria

CDM FEDERAL PROGRAMS CORPORATION

Sincerely,

If you have any questions concerning this submittal, please contact me at
(212) 393-9634.

Mr. Tom Moy
November 11, 1993
Page Two

CDM FEDERAL PROGRAMS CORPORATION
a subsidiary of Camp Dresser & McKee Inc.

CDM FEDERAL PROGRAMS CORPORATION

a subsidiary of Camp Dresser & McKee Inc.

November 11, 1993

Ms. Elizabeth Van Rabenwaay
TES V Regional Project Officer (RCRA)
U.S. Environmental Protection Agency
26 Federal Plaza
New York, New York 10276

PROJECT: TES V RCRA Contract No.: 68-W9-0002

Work Assignment R02035

Compliance Evaluation Inspections

DOCUMENT NO:

TESV-R02035-EP-DCMX

SUBJECT: Submittal of Final CEI Reports

Camden, New Jersey Sites

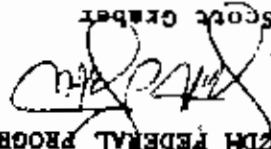
Dear Ms. Rabenwaay:

CDM FEDERAL PROGRAMS CORPORATION (CDM Federal) is pleased to submit the following final Compliance Evaluation Inspection (CEI) Reports for eleven sites in Camden, New Jersey as partial fulfillment of the requirements for this work assignment.

If you have any questions concerning this submittal, please contact me at (212) 393-9636.

Sincerely,

CDM FEDERAL PROGRAMS CORPORATION



Scott Graber

TES V Regional Manager

Attachments

cc: Tom Moy, EPA WAM (Original + 2 copies)
Maheshwar R. Bhatnagar, CDM Federal WAM
Document Control (2 copies)
Project File NYC

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3.0 ONSITE OBSERVATIONS	2
3.1 Identification of Hazardous Waste	2
3.2 Examination of Paperwork	2
4.0 CONCLUSIONS	2

ATTACHMENTS

New Jersey Generator Inspection Report
New Jersey Hazardous Waste Inspection Report

1.0 INTRODUCTION

In accordance with RCRA policy, hazardous waste transporter, generator, or treatment/storage/disposal (TSD) facilities are subject to Compliance Evaluation Inspections (CEI) which address facility environmental concerns. The inspections are conducted to evaluate compliance with all applicable standards promulgated under 40 CFR Parts 262 through 268.

Under TSD Work Assignment R02035, CDM Federal Programs Corporation (CDM Federal) was contracted to conduct a CEI at the Russell-Stanley Corporation (Russell Stanley) in Camden, New Jersey. Kathryn Garris and Rob Savill of CDM Federal visited Air Products on September 20, 1993 to conduct the CEI. The information within this report was obtained from the facility representative and onsite records during the CEI, except where referenced otherwise.

The CEI was conducted using (as appropriate) the New Jersey Generator Inspection Report and the New Jersey Hazardous Waste Inspection Report. These documents were used as a basis for the inspection. All pertinent information is recorded in the inspection narrative. When necessary, relevant checklists were completed to provide additional detail when specific concerns were encountered during the inspection.

2.0 SITE BACKGROUND

2.1 FACILITY DESCRIPTION AND OPERATIONS

Russell-Stanley, located at River Road and State Street in Camden, New Jersey, manufactures polyethylene drums. At this location, the facility began operations in 1984 and presently employs 57 people.

The inspection consisted of meeting with the facility representative, conducting a walk-through of the facility, and reviewing facility documents. The EPA ID number for Russell-Stanley is NJD980789929. Facility representative, Charles Morelli, was present during the inspection.

2.2 HAZARDOUS WASTE GENERATION

The only hazardous waste regularly generated by the facility consists of Safety Kleen solvent (petroleum naphtha) that is used for cleaning. Safety Kleen of Southampton, New Jersey supplies the facility with a 30 gallon container of solvent. The solvent is replaced by Safety Kleen approximately once a month. The facility also generates waste hydraulic oil that is emptied from two steel 250 gallon tanks into drums for disposal. The facility disposes a total of six to ten drums a year of hydraulic oil through Safety Kleen in Linden, New Jersey.

3.0 ON-SITE OBSERVATIONS

3.1 IDENTIFICATION OF HAZARDOUS WASTES

Two 250 gallon tanks of hydraulic oil were identified at the facility during the inspection. The oil is continually reused until disposal. No drums of waste hydraulic oil were present. A 30 gallon container Safety Kleen solvent was also identified at the facility during the inspection.

3.2 EXAMINATION OF PAPERWORK

The facility uses New Jersey Hazardous Waste Manifests to fulfill the receipt requirements of disposing hazardous waste and waste oil. All manifests were complete.

4.0 CONCLUSIONS

No areas of concern or potential violations were noted during the inspection. Also, no areas of contamination or possible contamination were identified.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

HAZARDOUS WASTE MANAGEMENT FACILITY INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Staley ^{KR} Russell Staley

FILE NUMBER: _____

VHT FACILITY FILE NUMBER: _____

PERMIT #: _____

REGION: II

INSPECTION DATE: 9/30/93

INCIDENT/CASE NUMBER: _____

INSPECTION TYPE: CEI

RESPONSIBLE AGENCY CODE: _____

INSPECTOR'S NAME: Kathryn Garis / Rob Swill

INSPECTOR'S AGENCY: Clm Federal Programs

INSPECTOR'S BUREAU: EPA Contractor

EPA ID NUMBER: 664-541-2376 ^{KR} NJD 48078442

ADDRESS: Route Road & State Street

Camden, NJ 08105

LOT: _____ BLOCK: _____

COUNTY: Camden

FACILITY PERSONNEL: Charles McCalli

TELEPHONE #: 609-541-2376

OTHER STATE/EPA PERSONNEL: _____

REPORT PREPARED BY: Kathryn Garis

REVIEWED BY: _____

DATE OF REVIEW: _____

TIME IN: 1336

TIME OUT: 1500

PHOTOS TAKEN ☐ YES ☒ NO

IF YES, HOW MANY? _____

SAMPLE TAKEN ☐ YES ☒ NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance all

Number of manifests not in compliance _____

List manifest document numbers of those manifests not in compliance.

SITE BACKGROUND INFORMATION

=====

EMPLOYEES: 57 DATE OPERATIONS BEGUN: 1984 8 hr SHIFTS/WEEK: 3

ACRES: 22,000^{sq ft} # BUILDINGS/SQft: 1 bldg SIC CODE: 3412

PRODUCTS PRODUCED: polyethylene beams

VOLUME PRODUCED (or \$ value): 2500 beams / day

PREVIOUS OPERATIONS AT SITE: beam production

WATER SUPPLY: Canon

MONITORING WELLS (explain): N/A

SANITARY DISPOSAL: Canon

FLOOR DRAINS: none

AIR PERMITS: 50102 Exp 12/1/43 for stack emission, 012175 exp 4/1/04

NJPDES PERMITS: none

PERMITS - OTHER: -

PREVIOUS ENFORCEMENT HISTORY (min 2 yrs):

none

TANKS ON SITE (non hazardous waste):

3 Hydraulic oil tanks - each ~ 250 gal (only 2 are used)

COMMENTS:

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS

The facility manufactures polyethylene drums. no waste is produced in this process. Any deformed drums are rematted and reformed. The facility does produce waste by degreasing oil and Solvent Safety Klean solvent.

SUMMARY OF VIOLATIONS:

When making a referral, list each citation and the basis for issuing the violation (add additional pages as needed):

Describe the activities that result in the generation of hazardous waste.

None, However the facility uses
Safety Klean solvent for cleaning parts

The facility also continually uses hydraulic
oil until its ready for disposal

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes).

1 A 30 gal. container of Safety Klean solvent
(still in use)

2 250 gallon tanks of hydraulic oil - (still
in use)

GENERATOR CHECKLIST

=====

GENERAL 7:26

7.4(a)1

Does the Generator have an EPA ID number?

☒ ☐ ☐

Does the generator generate/store >100 kg of hazardous waste (1kg acutely) or only >1001 gal of waste oil in any given month? (except x725 - 100 kg rule applies)

☐ ☒ ☐

If no, does the generator wish to delist?

☐ ☒ ☐

If the generator wishes to delist, do a delisting inspection.

12.1(a)

Is the site ACTING as a TSDF by:
(no Part A or B)

Treatment of a hazardous waste?

☐ ☒ ☐

Storage of hazardous waste in underground tanks?

☐ ☒ ☐

Hazardous wastes placed in piles or surface impoundments?

☐ ☒ ☐

Disposal of hazardous waste on site (ie landfill, injection well)?

☐ ☒ ☐

Accumulation of hazardous waste for more than 90 days?

☐ ☒ ☐

COMMENT:

9.3(a)1

Is site acting as a generator but accumulating waste (containers or approved tanks) over 90 days?

☐ ☒ ☐

COMMENT:

SOLID WASTE DETERMINATION

- 1.6 (b) Does the Generator produce any materials which meet the definition of a "solid waste". These would include any solid, liquid, semi-solid or contained gaseous material which has served or can no longer serve its original intended use. These materials include spent material, sludges (i.e. wastewater treatment sludge or material from air pollution control equipment), by-products, discarded commercial chemical products, scrap metals and residues?

Is material:

1. Discarded or intended to be discarded
2. Accumulated, stored or physically, chemically or biologically treated prior to, or in lieu of, being discarded
3. Burned for energy recovery
4. Applied to the land or placed on land or contained in a product that is applied or placed on the land in a manner constituting disposal
5. Recycled?

- 1.6(d) Does the generator process any material under toll agreement pursuant to NJAC 7:26-1.4 (such material is classified as a "solid waste").

HAZARDOUS WASTE DETERMINATION

- 8.5(a) Did the generator determine if its "solid waste" is hazardous?
- 8.5(b) Is the waste listed (or a mixture)?
If no then:
- 8.5(b)(1) Did the generator determine the hazardous characteristics based upon testing of the waste in accordance with 8.9-8.12?
- Based on characteristics, is the waste hazardous?
- 8.5(b)(2) Did the generator determine the hazardous characteristics based upon knowledge of materials or process?
- Based on knowledge, is the waste hazardous?

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GENERATOR/TSD MANIFEST INSPECTION CHECKLIST

Generator completes manifests although they are a SQG

MANIFESTS:

Outgoing:

N.J.A.C. 7:26-

Yes No N/A

7.4(a)4, 5 - Does each outgoing manifest have the following information?

☒ ☐ ☐

7.4(a)4i - Generator's name, address (site and mailing), and telephone number?

☒ ☐ ☐

7.4(a)4ii - Generator's EPA ID number?

☒ ☐ ☐

7.4(a)4iii - Transporter's name, telephone number, and NJDEP registration and decal numbers?

☒ ☐ ☐

7.4(a)4iv - Transporter's EPA ID number?

☒ ☐ ☐

7.4(a)4v - Designated facility name, address, and telephone number?

☒ ☐ ☐

7.4(a)4vi - TSF's EPA ID number?

☒ ☐ ☐

7.4(a)4vii - Proper USDOT description (proper shipping name, hazard class, ID number, quantity, waste code)?

☒ ☐ ☐

7.4(a)4viii - Complete HOS description in Section J, where applicable?

☒ ☐ ☐

7.4(h) - Exception report requirements?

☐ ☐ ☒

7.4(a)5i - Generator's signature for manifest certification? ☒ ☐ ☐

7.4(a)4viii - Generator's name and date for manifest certification?

☒ ☐ ☐

7.4(a)5ii - Transporter's signature and date acknowledging receipt?

☒ ☐ ☐

7.4(a)4viii - Printed name of transporter acknowledging receipt?

☒ ☐ ☐

Total number of outgoing manifests reviewed: 3^{kw} 7

Incoming - United States
N.J.A.C. 7:26-7.6(a)2 *N/A*

Does each incoming manifest (from United States) have the following information?

Generator's name, address (site and mailing), telephone number, EPA ID number, signature and date?

[] [] [✓]

Transporter's name, telephone number, NJDEP registration and decal numbers, signature and date?

[] [] [✓]

Designated facility name, address, telephone number, and EPA ID number?

[] [] [✓]

Proper USDOT description of waste (proper shipping name, hazard class, ID number, quantity, waste code)?

[] [] [✓]

Complete NOS description in Section J, where applicable?

[] [] [✓]

Manifest Document Number?

[] [] [✓]

N.J.A.C. 7:26-7.6(b)

Yes No N/A

Did facility sign and date each manifest?

[] [] [✓]

Total number of incoming (from United States) manifests reviewed:

Incoming - Canada
N.J.A.C. 7:26-7.4(b)

Does each incoming manifest (from Canada) have the following information?

Transporter name, telephone number, NJDEP registration and decal numbers, signature and date?

[] [] [✓]

Designated facility name, address, telephone number, and EPA ID number?

[] [] [✓]

Proper USDOT description of waste (proper shipping name, hazard class, ID number, quantity, waste code)?

[] [] [✓]

Complete NOS description in Section J, where applicable?

[] [] [✓]

Manifest Document Number?

[] [] [✓]

N.J.A.C. 7:26-

7.6(b) - Did facility sign and date each manifest?

[] [] [✓]

7.6(c)1 - Generator's name, address, U.S. importer's name, address and EPA ID number?

[] [] [✓]

7.6(c)2 - U.S. importer's agent signature and date?

[] [] [✓]

Total number of incoming (from Canada) manifests reviewed:

WASTE OIL

Does the generator ONLY generate X722 waste oil in any amount? or.

Does the generator ONLY generate or store (in above ground tanks or drums) less than 1001 gal of only waste oil (except X725 for which 100 kg rule applies) per month?

7.7(d) If yes, are receipts (or manifests) obtained from registered hauler and retained for 3 yrs?
(check quantities on receipts)

Note: No other HW regs apply * unless the storage of the X722 waste exceeds 1,000 gal: or unless the waste oil is also a federal (RCRA) hazardous waste.*

Does the generator generate over 100 kg of hazardous waste (or 1 kg if acutely hazardous) and any listed waste oil or generate/store *≥1000* gal of waste oil in any given month?

If yes, the generator must be in compliance with:
(use appropriate checklist section)

Manifests requirements (7.4)

Labeling and Container requirements
[9.4(d), 7.2(a)&(b), 9.3(a)3, 9.6(a)]

*Documentary Requirements
[9.4(g), 9.6, 9.7]*

Satellite Regs [9.3(d)]

WASTE OIL TANKS:

Is there above ground > 1001 gal total capacity (which includes drums) but <90 day storage?
[Use TANKS (above ground, less than 90 day storage) section in checklist 9.3(b)]

If yes, does the generator have a letter of approval from HWENG?

And is the generator in compliance with other requirements for less than 90 day storage of HW in above ground tanks [9.3(b)]?

Is there above ground > 1001 gal total capacity,
and >90 day storage? _____ ✓ _____

If yes, is the generator:

12.1(a) Acting as TSDF? _____ ✓

9.3(a)1 Acting as a Generator? _____ ✓

Does the generator store waste oil in underground tanks? _____ ✓ _____

If yes, refer to TANKS (underground) section
in checklist [9.2(b)].

Note: The only exceptions to the
underground tank prohibition are:

- A) *New commercial service station waste oil
tanks of <1001 gal capacity*
- B) Underground tanks in existence and in use
for HW storage prior to 1/17/83.

EP7/slw

DOCUMENT: SHOTWELL
FOLDER: SLWMCB

YES NO N/A

8.4(c)

If the waste is not listed or hazardous based on characteristics, has the Department requested the generator to submit a plan analyzing for the presence of hazardous waste constituents (8.16)?

If yes:

Has the generator submitted the plan in a timely manner?

Has the generator conducted the approved plan and submitted the results?

Based on constituents, is the waste hazardous?

8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept three years (in operating log) from the date that the waste was last sent to an on-site or off-site TSD?

C-8

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☒ Containers
- ☐ Tanks (greater than 90 days)
(complete HWMF (TSD) Facility Checklist)
- ☒ Tanks (less than 90 days)
- ☐ Above ground
- ☐ Below ground
- ☐ Surface impoundments
(complete HWMF (TSD) Facility Checklist)
- ☐ Piles (complete HWMF checklist)

YES NO N/A

7:26-9.3(a)1

Is waste accumulated for more than 90 days?

YES NO N/A

7:26-9.4(b)	Waste Analysis	NA	SQG			
7:26-9.4(b)11	Is there a detailed chemical and physical analysis of a representative sample of the waste(s) or each waste? (At a minimum, this analysis must contain all the information necessary for proper treatment storage or disposal of the waste).					
7:26-9.4(b)1111	Does the character of the waste handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? Check only one:					
	Waste characteristics vary: _____					
	All waste(s) are basically the same: _____					
	Company treats all waste(s) as hazardous: _____					
7:26-9.4(b)2	Is there a written waste analysis plan at the facility?					
	Does it contain:					
7:26-9.4(2)1	Parameters for which each hazardous waste stream will be analyzed including constituents listed in NJAC 7:26-8.16 and the rationale for the selection of these parameters?					
7:26-9.4(b)211	The test methods which will be used to test for these parameters?					
7:26-9.4(b)2111	The sampling method which will be used to obtain a representative sample of the waste to be analyzed?					
7:26-9.4(b)21v	The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date?					
7:26-9.4(b)2v	For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply?					
7:26-9.4(b)2v11	Procedures which will be used to identify changes in waste stream characteristics?					
	Does hazardous waste come to this facility from an outside source? (e.g., another generator).					
	If yes, list the name(s) of generators.					

YES NO N/A

7:26-9.4(b)4	If waste comes from an outside source, are there procedures in the waste analysis plan to insure that waste received conforms to the accompanying manifest?	—	—	—
	Does the plan describe:			
7:26-9.4(b)4i	The procedures which will be used to determine the identity of each shipment of waste managed at the facility?	—	—	—
7:26-9.4(b)4ii	The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling?	—	—	—
7:26-9.4(c)1	Did the facility accept hazardous waste which it is not authorized to handle?	—	—	—
7:26-9.4(i)	Are all records and results of waste analysis performed pursuant to NJAC 7:26-9.4(b) and 9.4(e) as applicable written in the operating log?	—	—	—
7:26-9.4(h)	<u>Security</u>			
	Does the facility have:			
7:26-9.4(h)11	A 24 hour surveillance system which continuously monitors and controls entry onto the active portion of the facility?	—	—	—
7:26-9.4(h)1ii	An artificial or natural barrier, which completely surrounds the active portion of the facility; and a means to control entry, at all times, through the gates or other entrances to the active portion of the facility?	—	—	—
7:26-9.4(h)3	Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?	—	—	—
	If no, explain what measures are taken for security.			

YES NO N/A

7:26-9.4(f)

General Inspection Requirements

7:26-9.4(f)1

Does the owner or operator inspect the facility for malfunctions and deterioration, operator errors and discharges which may be causing, or may lead to:

7:26-9.4(f)1i

Discharge of hazardous waste constituents to the environment?

___ ___ ☒ SQG

7:26-9.4(f)1ii

A threat to human health?

___ ___ ☒

7:26-9.4(f)3

Has the owner or operator developed, and does the owner or operator follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection or response to environmental or human health?

___ ___ ☒

7:26-9.4(f)3i

Did the owner or operator submit the written inspection schedule to the department?

___ ___ ☒

If yes, when was it submitted?

___ ___ ☒

7:26-9.4(f)3iii

Is the written inspection schedule kept at the facility?

___ ___ ☒

7:26-9.4(f)3iv

Does the schedule identify the types of problems to be looked for during the inspection?

___ ___ ☒

7:26-9.4(f)3v

Does the schedule include the frequency of inspection, based upon the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunctions or any operator error goes undetected between inspections?

___ ___ ☒

7:26-9.4(f)5

Is there evidence that problems reported in the inspection log have not been remedied?

___ ___ ☒

7:26-9.4(f)6

Does the owner/operator record inspections in a log?

___ ___ ☒

YES NO N/A

7:26-9.4(f)6	Are these records kept for at least three (3) years from the date of inspection?	—	—	✓
7:26-9.4(f)6	Does the records include the date, and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial action?	—	—	✓
7:26-9.4(g)	<u>Personnel Training</u> Have facility personnel successfully completed a program of classroom instruction or on-the-job training within six months of having been employed?	—	—	✓
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	—	—	✓
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of training? Is there written documentation of the following:	—	—	✓
7:26-9.4(g)6i	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	—	—	✓
7:26-9.4(g)6ii	A written job description for each position related to hazardous waste management?	—	—	✓
7:26-9.4(g)6iii	A written description of the type and amount of both introductory and continuing training given to personnel in jobs related to hazardous waste management?	—	—	✓
7:26-9.4(g)6iv	Documentation of actual training or experience received by personnel?	—	—	✓

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YES NO N/A

7:26-9.4(g)7 Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?

— — —

7:26-9.4(g)8 Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?

— — —

7:26-9.6 Preparedness and Prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-9.6(b)1 An internal communications or alarm system?

— — —

7:26-9.6(b)2 A telephone or other device to summon emergency assistance from local authorities?

— — —

7:26-9.6(b)3 Portable fire equipment, spill control equipment, and decontamination equipment?

— — —

7:26-9.6(b)4 Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?

— — —

7:26-9.6(c) Is equipment tested and maintained?

— — —

7:26-9.6(d)1 Is there immediate access to communications or alarm systems during handling of hazardous waste?

— — —

7:26-9.6(e) Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

— — —

If no, please explain.

YES NO N/A

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

Explain. *506*

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type of waste handled on site?

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?

7:26-9.6(f)2

Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?

7:26-9.6(f)3

Agreements with emergency response contractors, and equipment suppliers?

7:26-9.6(f)4

Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?

7:26-9.6(f)5

Arrangements with local fire departments to inspect the facility on a regular basis with at least two inspections annually?

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?

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YES NO N/A

7:26-9.7(b)	Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?	—	—	—
7:26-9.7(c)	Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?	—	—	—
7:26-9.7(d)	Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasures (DPCP) Plan in accordance with NJAC 7:1E-4.1 et seq. If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?	—	—	—
7:26-9.7(e)	Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services?	—	—	—
7:26-9.7(f)	Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up-to-date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall assume responsibility as alternates?	—	—	—

YES NO N/A

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?

— — —

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?

— — —

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility; and
2. Has the contingency plan been submitted to local authorities (police, fire departments, emergency response teams)?

— — —

— — —

7:26-9.7(k)

Is there at least one employee on site or on call with the responsibility of coordinating all emergency response measures?

— — —

7:26-9.8

Closure Plan

7:26-9.8(c)

Does the facility have a written closure plan?

— — — SQG

Does the owner/operator keep a written copy of the closure plan and all revisions to the plan at the facility?

— — —

If yes, does the plan include:

YES NO N/A

7:26-9.9(1)3

Include the name, address and phone number of a person or office to contact about the disposal facility during the post-closure period?

Does the owner/operator have a written estimate of the cost of post-closure for the facility?

If yes, what is it?

Please circle all appropriate activities and answer questions in appropriate sections all activities checked.

Storage
 Contender
 Tank, Above Ground
 Tank, Below Ground
 Surface Impoundments
 Incineration
 Thermal Treatment
 Other
 Landfill
 Surface Impoundments
 Waste Files
 Other
 Chemical, Physical and Biological Treatment
 Containers

7:26-9.4(D)

Containers

What type of containers are used for storage? Describe the size, type, quantity and nature of wastes (e.g., 12 fifty-five gallon drums of waste acetone).

7:26-9.4(D)11

Do the containers appear to be a

sturdy leakproof construction of adequate wall thickness, weld, hinge and seam strength, and of sufficient material strength to withstand side and bottom shock, while filled, without impairment of the container's ability to contain hazardous waste?

If no, explain.

YES NO N/A

7:26-9.4(d)11i	Are the lids, caps, hinges or other closure devices of sufficient strength that when closed, they will withstand dropping, overturning or other shock without impairment of the container's ability to contain hazardous waste?	<u> / </u>	<u> — </u>	<u> — </u>
	If no, explain.			
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	<u> / </u>	<u> — </u>	<u> — </u>
7:26-9.4(d)2	If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.			
7:26-9.4(d)3	Are hazardous wastes stored in containers made of compatible materials?	<u> — </u>	<u> — </u>	<u> / </u>
7:26-9.4(d)4i	Are all containers securely closed, except those in use, so that there is no escape of hazardous waste or its vapors?	<u> / </u>	<u> — </u>	<u> — </u>
	If no, explain.			
7:26-9.4(d)411i	Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	<u> / </u>	<u> — </u>	<u> — </u>
	If no, explain.			
7:26-9.4(d)4iv	Are containerized hazardous wastes segregated in storage by waste type?	<u> — </u>	<u> — </u>	<u> / </u>
7:26-9.4(d)4v	Are containerized hazardous wastes arranged so that their identification label is visible?	<u> / </u>	<u> — </u>	<u> — </u>
7:26-9.4(d)5	Does the owner/operator inspect the container storage area at least daily, looking for leaks and for deterioration caused by corrosion or other factors?	<u> / </u>	<u> — </u>	<u> — </u>
7:26-9.4(d)6	Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line?	<u> / </u>	<u> — </u>	<u> — </u>

		YES	NO	N/A
7:26-9.4(a)2iii	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(a)2iv	Damage the structural integrity of the device or facility containing the waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(a)2v	Threaten human health or the environment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-11.2	<u>Tanks</u>			
	What are the approximate number and size of tanks containing hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Identify the waste treated/stored in each tank.			
	<u>General Operating Requirements</u>			
7:26-11.2(a)2	Are hazardous wastes or treatment reagents placed in the tank that could cause the tank or its inner liner to rupture, leak or corrode?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, please explain.			
	Are there leaking tanks?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger of ruptures, corrosion, leaks or other failures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-11.2(3)	Do uncovered tanks have at least two feet of freeboard or an adequate containment structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-11.2(c)	<u>Inspections</u>			
	Is the tank(s) inspected for:			
	1. Discharge control equipment (each operating day).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

YES NO N/A

	2. Monitoring equipment (each operating day).	—	—	✓
	3. Level of waste in tank (each operating day).	—	—	✓
	4. Construction of materials of the tank (weekly).	—	—	✓
	5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures (weekly)?	—	—	✓
7:26-11.2(e)	Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?	—	—	✓
	If no, please explain.			
7:26-11.2(f)	Does it appear that incompatible wastes are being stored separate from each other?	—	—	✓
7:26-9.2(b)	Are there underground tanks used to store hazardous waste?	—	—	✓
	If yes, how many and can they be entered for inspection?	—	—	✓
	Has the underground tank been in use on or before November 19, 1980? Specify Date.	—	—	✓
	If no, when was the tank placed in use?			
7:26-9.2(b)31	Does the facility have a ground water monitoring plan approved by the department?	—	—	✓
7:26-9.2(b)311	Is the use of the tank specified to the manufacturers recommended lifetime?	—	—	✓
7:26-11.3	<u>Surface Impoundments</u> <i>N/A</i>			
	Describe the design and operating features of the surface impoundment to prevent ground water contamination (e.g., liner leachate collection system).			
	Give the approximate size of surface impoundments (gallons or cubic feet). Please specify the types of waste stored and treated.			

YES NO N/A

7:26-11.3(f)111	Is the waste treated, rendered or mixed so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	✓
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	✓
7:26-9.4(e)2111	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	✓
7:26-9.4(e)21v	Damage the structural integrity of the device or facility containing the waste?	—	—	✓
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	✓
7:26-11.3(f)2	Is the surface impoundment used solely for emergencies?	—	—	✓
7:26-11.3(g)	Are incompatible wastes, or incompatible wastes and materials placed in the same surface impoundment?	—	—	✓
	If yes, is the waste managed so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	✓
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	✓
7:26-9.4(e)2111	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	✓
7:26-9.4(e)21v	Damage the structural integrity of the device or facility containing the waste?	—	—	✓
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	✓
7:26-11.4	<u>Landfills</u> <i>N/A</i>			
	Identify the types of waste and size of the landfill.			
	<u>General Operating Requirements</u>			
7:26-11.4(a)1	Is run-on diverted away from all portions of the landfill?	—	—	✓

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.4(a)2	Is runoff from active portions of the landfill collected?	—	—	—
7:26-11.4(a)3	Is waste which is subject to wind dispersal controlled?	—	—	—
	Please explain how.			
7:26-11.4(a)4	Does waste disposal or the disposal operation occur within 200 feet (60.6 meters) of the property boundary?	—	—	—
7:26-11.4(a)6	Are untreated, ignitable, or reactive wastes placed in the landfill?	—	—	—
	If yes, explain.			
7:26-11.4(a)7	Are incompatible wastes, or incompatible wastes and materials placed in the same hazardous waste landfill cell?	—	—	—
	If yes, explain.			
7:26-11.4(a)8	Are bulk or non-containerized liquid waste or waste containing free liquids placed in a hazardous waste landfill?	—	—	—
	If yes:			
7:26-11.4(a)8i	Does the hazardous waste landfill have a liner which is chemically and physically resistant to the added liquid and a functioning leachate collection and removal system with a capacity sufficient to remove all leachate produced?	—	—	—
7:26-11.4(a)8ii	Before disposal, is the liquid waste or waste containing free liquids treated or stabilized, chemically or physically, so that free liquids are no longer present?	—	—	—
7:26-11.4(a)9	Are containers holding liquid waste or waste containing free liquids placed in a hazardous waste landfill?	—	—	—
	If yes:			
7:26-11.4(a)9i	Is the container designed to hold liquids or free liquids for a use other than storage, such as a battery?	—	—	—

		YES	NO	N/A
7:26-11.4(a)911	Is the container very small, such as an ampule?			<input checked="" type="checkbox"/>
7:26-11.4(a)10	Are empty containers crushed flat, shredded, or similarly reduced in volume before it is buried beneath the surface of a hazardous waste landfill?			<input checked="" type="checkbox"/>
7:26-11.4(a)11	Does the owner or operator of a hazardous waste landfill continue to dispose of hazardous wastes subsequent to the detection of any liquid, in the secondary collection system?			<input checked="" type="checkbox"/>
7:26-11.4(b)	Does the owner or operator of a hazardous waste landfill maintain an operating record required in NJAC 7:26-9.4(i)?			<input checked="" type="checkbox"/>
7:26-11.4(b)1	Does the owner/operator maintain a map, the exact location and dimensions, including depth of each cell with respect to permanently surveyed bench marks?			<input checked="" type="checkbox"/>
7:26-11.4(b)2	The contents of each cell and the appropriate location of each hazardous waste type within each cell?			<input checked="" type="checkbox"/>
	Are containers holding liquid waste or waste containing free liquids placed in the landfill?			<input checked="" type="checkbox"/>
	Please describe the types and contents of such containers placed in the landfill.			
	Are empty containers placed in the landfill crushed flat, shredded or similarly reduced in volume before they are buried?			<input checked="" type="checkbox"/>
	Are small containers of hazardous waste in overpacked drums placed in the landfill?			<input checked="" type="checkbox"/>
	If yes, please describe precautions taken to prevent the release of the waste.			
7:26-11.5	<u>Incinerator</u> <i>N/A</i>			
	What type of incinerator is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.).			

YES NO N/A

7:26-11.5(c)3

Are there any signs of leaks, spill and fugitive emission associated with the pumps, valves, conveyors, pipes, etc.?

— — —

If yes, describe.

7:26-11.5(c)3

Are all emergency shutdown controls and system alarms checked to assure proper operation?

— — —

Is there any reason to believe the incinerator is being operated improperly? i.e., steady state conditions are not maintained.

— — —

If yes, explain.

7:26-11.5(c)3

Is the incinerator inspected daily?

— — —

7:26-11.6

Thermal Treatment N/A

What type of thermal treatment is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.).

List the types and quantities of hazardous waste thermally treated.

Is the residue from the thermal treatment unit a hazardous waste?

— — —

What types of air pollution control devices (if any) are installed in the thermal treatment unit?

Is energy recovered from the process?

— — —

If yes, describe.

What is the destruction and removal efficiency for the organic hazardous waste constituents?

7:26-11.6(b)1

Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:

7:26-11.6(b)11

Heating value of the waste?

— — —

7:26-11.6(b)111

Halogen and sulfur content?

— — —

7:26-11.6(h)1111

Concentrations of lead and mercury?

— — —

YES NO N/A

7:26-11.6(2)

If no to any of the above questions,
is there justification and documentation?

___ ___ ___

If operating, does it appear the
thermal treatment unit is operating
at steady state for conditions of
operation, including temperature
and air flow?

___ ___ ___

Monitoring and Inspection

Are existing instruments relating to
combustion and emission controls
monitored every 15 minutes?

___ ___ ___

If no, explain.

7:26-11.6(c)1

Does the thermal treatment have all
the following instruments for
measuring: Wastefeed, auxiliary
fuel feed air flow, incinerator
temperature scrubber flow, and
scrubber pH? (Circle Missing
Instruments).

___ ___ ___

If no, explain.

7:26-11.6(c)2

Is the stack plume observed visually
at least hourly for opacity and color?

___ ___ ___

7:26-11.6(c)3

Are there any signs of leaks, spills
and fugitive emission associated with
the pumps, valves, conveyors, pipes, etc?

___ ___ ___

If yes, describe.

7:26-11.6(c)3

Are all emergency shutdown controls
and system alarms checked to assure
proper operation?

___ ___ ___

Is there any reason to believe the
thermal treatment unit is being
operated improperly? i.e., steady
state conditions are not maintained.

___ ___ ___

If yes, explain.

7:26-11.6(c)3

Is the thermal treatment inspected daily?

___ ___ ___

7:26-11.6(e)

Is there open burning of hazardous waste?

___ ___ ___

If yes, what is being burned? (Only
burning or detonation of explosives is
permitted).

YES NO N/A

If open burning or detonation of explosives is taking place, approximately what is the distance from the open burning or detonation to the property of others?

7:26-11.7

Chemical, Physical and Biological Treatment

(Other than in tanks, surface impoundments or plant treatment facilities).

Describe the treatment system at this facility and the types of wastes treated.

7:26-11.7(a)2

Does the treatment process system show any signs or ruptures, leaks or corrosion?

If yes, describe.

7:26-11.7(a)3

Is there a means to stop the inflow of continuously fed hazardous wastes?

Inspections

7:26-11.7(c)1

Is the discharge control safety equipment (e.g., waste feed cut-off systems, bypass systems, drainage systems and pressure relief systems) in good working order?

7:26-11.7(c)1

Are they inspected at least once each operation day?

7:26-11.7(c)2

Does the data gathered from the monitoring equipment (e.g., pressure and temperature gauges) show treatment process is operating according to design?

7:26-11.7(c)2

Is data gathered at least once each operating day?

7:26-11.7(c)3

Are construction materials of the treatment process inspected at least weekly to detect corrosion or leaking of fixtures and seams?

7:26-11.7(c)4

Are the discharge confinement structures (e.g., dikes) immediately surrounding the treatment unit inspected at least weekly to detect erosion or obvious signs of leakage (e.g., wet spots or dead vegetation).

YES NO N/A

7:26-11.7(e)1

Are ignitable or reactive waste fed into the waste treatment system treated or protected from any material or conditions which may cause it to ignite or react?

If yes, explain how.

7:26-11.7(f)

Are the incompatible wastes placed in the same treatment process?

If yes, please explain.

7:14A-6

Ground Water Monitoring

(Applies only to: Surface impoundments, landfills, land disposal facilities).

7:14A-6.2

Does the owner/operator have a ground water monitoring plan approved by the department and capable of determining the facility's impact on the quality of ground water?

If no, please explain.

How many monitoring wells has the facility installed?

What is the depth to ground water?

How many deep monitoring wells are on site? (Indicate depth of monitoring wells).

How many shallow monitoring wells are on site? (Indicate depth of monitoring wells).

7:14A-6.3(a)

Is the ground water monitoring system capable of yielding ground water samples for analysis?

If no, please explain.

7:14A-6.3(a)1

Are monitoring wells installed hydraulically upgradient?

If yes, specify how many and the depth of each.

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:14A-6.3(a)2	How many monitoring wells are installed hydraulically downgradient?	—	—	✓
	If yes, specify how many and the depth of each.			
7:14A-6.4(a)	Does the owner/operator have a ground water sampling and analysis plan?	—	—	✓
	If no, please explain.			
7:14A-6.4(a)	Does the plan include procedures and techniques for:			
	1. Sample Collection	—	—	✓
	2. Sample Preservation and Shipment	—	—	✓
	3. Analytical Procedures	—	—	✓
	4. Chain of Custody	—	—	✓
	List the types and quantities of hazardous waste incinerated.			
7:26-9.4(b)3	Did the owner or operator submit the waste analysis plan to the Department?	—	—	✓
	If yes, when was the plan submitted?			

FILE # : _____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
& ENERGY

DIVISION OF FACILITY WIDE ENFORCEMENT

BUREAU: _____

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Russell Stanley Corp

EPA ID NUMBER: ACTD 980789929 CASE NUMBER: _____

STREET ADDRESS: Poor Road & State Street

MUNICIPALITY: Camden COUNTY: Camden

MAILING ADDRESS: _____
(if different)

BILLING ADDRESS: _____
(if different)

TELEPHONE # 609-541-^{8746 to 924}446 FAX # 609-541-9446

BLOCK : _____ LOT : _____

FACILITY PERSONNEL: Charles McCalli Plant Manager
(name & title)

INSPECTION DATE: 9/2/93

INSPECTOR'S NAME & TITLE: Kathleen Currie Env. Scientist
Rob Smith, Env. Scientist

OTHER STATE/EPA PERSONNEL: _____

REPORT PREPARED BY: Kathleen Currie

REVIEWED BY: _____ DATE OF REVIEW: _____

DFWE 29 REV. 1/12/93

INSPECTION DATE(S): 9/20/93

PAGE 2

TIME IN: 1330

TIME OUT: 1500

PHOTOS TAKEN: YES () NO (☒) QUANTITY () ATTACH
PHOTO LOG

SAMPLES TAKEN: YES () NO (☒) HOW MANY () ATTACH
SAMPLE LOG

SITE BACKGROUND INFORMATION

EMPLOYEES: 57 SHIFTS/WEEK:

DATE OPERATIONS BEGUN: SIC CODE: 3412

ACRES: 2.14 ^{sq ft} 5000 # OF BUILDINGS/SQFT:

PRODUCTS PRODUCED: polyethylene drums

PREVIOUS OPERATIONS AT SITE: drum production

WATER SUPPLY- PUBLIC: City PRIVATE WELL:

SOLID WASTE DISPOSAL: Safety Klean

FLOOR DRAINS: none

DRAINS CONNECTED TO- POTW: SEPTIC SYSTEM:

MONITORING WELLS:

NON-HW. TANKS ON SITE: 3 hydraulic oil tanks

each - 250 gal (1 is empty)

AIR PERMITS:

NJPDES PERMITS:

OTHER PERMITS:

PAGE 3

INSPECTION & GENERAL FACILITY DESCRIPTION & OPERATIONS

The facility manufactures poly ethylene drums.
No waste is produced as a result of this
process. Any deformed drums are
melted and re-shaped. The
facility produces waste hydraulic oil
and Safety from Sheet

add additional pages as needed

Attach copies of manifests which have deficiencies.

[illegible]

~~add additional pages as needed~~

GENERATOR INDEX

CHECK THE SECTIONS AND ACTIVITIES OF THIS REPORT WHICH ARE APPLICABLE TO THE FACILITY AND COMPLETE THOSE SECTIONS FOR THIS INSPECTION.

GENERATOR WASTE MANAGEMENT PRACTICES

<u>#</u>	<u>SECTION</u>	<u>PAGE</u>
1.	WASTE DETERMINATION	7. <u>✓</u>
2.	GENERATOR STATUS	8. <u>✓</u>
3.	SATELLITE STORAGE AREAS	9. <u> </u>
4.	< 90 DAY CONTAINER STORAGE AREAS	10. <u>✓</u>
5.	WASTE OIL USEAGE	12. <u>✓</u>
6.	< 90 DAY ABOVE GROUND TANKS STORAGE AREAS	13. <u> </u>
7.	WASTE MANAGEMENT PRACTICES	14. <u>✓</u>
8.	GENERATOR MANIFESTS	15. <u> </u>
9.	EXPORTING HAZARDOUS WASTE	17. <u> </u>
10.	CONTINGENCY PLAN & EMERGENCY PROCEDURES	18. <u> </u>
11.	PERSONNEL TRAINING	20. <u> </u>
12.	PREPAREDNESS & PREVENTION	22. <u> </u>
13.	"WASTE WATER TREATMENT UNIT" QUALIFICATION	24. <u> </u>

SECTION 1.WASTE DETERMINATION:

YES NO

DOES the facility generate "solid waste". ☒ ☐DOES the facility generate a "hazardous waste". ☒ ☐IS THE FACILITY CORRECTLY CLASSIFYING ITS WASTES? ☒ ☐

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

8.5(a) Generator failed to determine
if its "solid waste" is hazardous? ☐7.4(x) Generator FAILED to properly classify
its waste according to the "Hierarchy". ☐COMMENTS

SECTION 2.GENERATOR STATUS

YES NO

Does the generator generate/accumulate >100 kg
of hazardous waste (1kg acutely) or greater
than 1001 gal of listed waste oil in any
calendar month?
(except x725 - 100 kg rule applies)

____ ☒

If no, does the generator wish to deactivate
his EPA ID. number?

____ ☒

IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR
REQUIREMENTS OF THIS INSPECTION REPORT?

☒ ____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

7.4(a)1 The Generator failed to have an
EPA ID number.

COMMENTS

SECTION 3.

SATELLITE ACCUMULATION AREAS

IS THE FACILITY IN COMPLIANCE WITH THE SATELLITE ACCUMULATION REGULATIONS?	YES	NO
	_____	_____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- | | | |
|---|--|-------|
| 9.3(d)1 Quantity of waste <u>EXCEEDS</u> 55 gal.or
1 qt. of acutely hazardous waste. | | _____ |
| 9.3(d)2 Containers <u>FAIL</u> to: | | |
| Meet the standards of 7.2
(Container Requirements). | | _____ |
| Poor or leaking container. | | _____ |
| Container made of incompatible material. | | _____ |
| Container not kept securely closed. | | _____ |
| 9.3(d)3 Accumulation area is: | | |
| <u>NOT</u> at or near a point of generation. | | _____ |
| <u>NOT</u> under the control of the operator. | | _____ |
| 9.3(d)4 Containers are <u>NOT</u> marked
"Hazardous waste". | | _____ |
| 9.3(d)5 Containers <u>NOT</u> marked with date
when filled. | | _____ |
| 9.3(d)6 Containers were <u>NOT</u> moved from
satellite area within three days. | | _____ |

COMMENTS

SECTION 4.

GENERATOR CONTAINER STORAGE AREAS

IS THE FACILITY IN COMPLIANCE WITH THE
GENERATOR STORAGE REGULATIONS? YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- | | | |
|-------------|--|---------------|
| 7.2(a) | NO manifest number on containers ready for disposal. | <u> </u> |
| 7.2(b) | Containers <u>FAILED</u> to meet DOT regulations. (49CFR 171.179) | <u> </u> |
| 9.3(a)1 | Waste <u>ACCUMULATED</u> OVER 90 DAYS. | <u> </u> |
| 9.3(a)3 | Containers <u>NOT</u> marked with accumulation start date or "Hazardous Waste". | <u> </u> |
| 9.4(d)1i | Containers <u>NOT</u> of adequate construction. | <u> </u> |
| 9.4(d)1ii | Closures <u>NOT</u> of sufficient strength. | <u> </u> |
| 9.4(d)2 | Containers <u>NOT</u> in good condition. | <u> </u> |
| 9.4(d)3 | Containers <u>NOT</u> compatible with waste. | <u> </u> |
| 9.4(d)4i | Containers <u>NOT</u> kept closed. | <u> </u> |
| 9.4(d)4iii | Containers <u>NOT</u> properly handled. | <u> </u> |
| 9.4(d)4iv | Hazardous wastes <u>NOT</u> segregated. | <u> </u> |
| 9.4(d)4v | ID Labels <u>NOT</u> visible. | <u> </u> |
| 9.4(d)4vi | Cleaning of empty containers does <u>NOT</u> take place in a designated area. | <u> </u> |
| 9.4(d)4vii | Rinse waters <u>NOT</u> handled properly. | <u> </u> |
| 9.4(d)4viii | Container reuse <u>NOT</u> in compliance with DOT regulations. | <u> </u> |
| 9.4(d)5 | The storage area is <u>NOT</u> inspected. | <u> </u> |
| 9.4(d)6 | Containers of ignitable and reactive wastes are <u>NOT</u> located at least 50 feet from the facility's property line. | <u> </u> |

9.6(d) Access to communication or
alarm system is NOT maintained.

9.6(e) INADEQUATE aisle space.

COMMENTS:

SECTION 5WASTE OIL

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE
WASTE OIL STORAGE REGULATIONS?

✓

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

The generator ONLY generates or accumulates less
than 1001 gals. of waste oil per month and:

7.7(d) Generator FAILED to obtain receipts
and retain them for three years.

9.2(b) If under ground tanks are used to
store waste oil, the generator
is NOT a:

1. New commercial service
station waste oil tanks
of <1001 gal capacity*

or does NOT:

2. Use underground tanks in
existence and in use for
Hazardous Waste storage
prior to 1/17/83.

NOTE: If the generator generates over 100 kg of
hazardous waste and any listed waste oil or
generates/stores >1001* gal of waste oil in
any given month MUST be in compliance with
ALL generator requirements.

COMMENTS:

21A

SECTION 6.

ABOVE GROUND TANKS

IS THE FACILITY IN COMPLIANCE WITH THE ABOVE
GROUND <90 DAY STORAGE TANK REGULATIONS?

YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the generator stores hazardous waste in an above ground
tank for <90 days, the generator FAILED to:

- 9.3(b) Have a letter of approval? _____
- 9.3(b)2 Have overfilling controls? _____
- 9.3(b)3 Have secondary containment? _____
- 9.3(b)4 Insure that 99% of the tank can be
emptied? _____
- 9.3(b)5 Empty the tank every 90 days? _____
- 9.3(b)6 Remove all wastes from the tank(s)? _____
- 9.3(b)8 If part of the tank is below grade, all
of the tank cannot be visually inspected. _____
- 9.3(b)9 The tank is not labeled with the
words "HAZARDOUS WASTE". _____

COMMENTS

2/A

SECTION 8.

GENERATOR MANIFESTS

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR
MANIFEST REGULATIONS? _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE

7.4(a)3	Generator <u>FAILED</u> to prepare a Hazardous Waste Manifest.	_____
7.4(a)4	Each manifest <u>failed</u> to have the following information:	_____
7.4(a)4i	Generator's name, mailing address (site address if different), and phone number.	_____
7.4(a)4ii	The generator's EPA ID number.	_____
7.4(a)4iii	The transporter(s) name, phone number, NJ registration and decals numbers.	_____
7.4(a)4iv	The transporter(s) EPA ID number.	_____
7.4(a)4v	The name, address and phone number of the designated TSD facility.	_____
7.4(a)4vi	The TSDF's EPA ID number.	_____
7.4(a)4vii	The proper USDOT description.	_____
OR		
	Complete NOS information in item J.	_____
7.4(a)4viii	Special handling instructions.	_____
7.4(a)5i	The generator signature and date.	_____
7.4(a)5ii	Transporter's signature & date.	_____
7.4(a)5iii	Generator <u>FAILED</u> to retain copy and forward copies to the state of origin & state of destination.	_____
7.4(a)5v	Generator <u>FAILED</u> to give the remaining copies to hauler.	_____

- 7.4(e)2 Generator **FAILED** to use a registered Transporter. _____
- 7.4(e)3 Generator **FAILED** to designate an authorized TSD or reuse facility. _____
- 7.4(e)4 Generator **FAILED** to utilize an authorized TSD. _____
- 7.4(f) Generator **FAILED** to maintain the following facility records for three (3) years: _____
- 7.4(f)1 Manifests. _____
- 7.4(f)2 Annual and/or exception reports. _____
- 7.4(f)3 Generator **FAILED** to maintain records during the course of unresolved enforcement action or as requested. _____
- 7.4(h)1 Generator has **FAILED** to receive signed copies of all manifests. _____
- 7.4(h)1 Generator **FAILED** to notify the TSD or Department within 35 days. _____
- 7.4(h)2 Generator **FAILED** to file exception reports within 45 days. _____

COMMENTS:

HAZARDOUS WASTE EXPORTATION

IS THE FACILITY IN COMPLIANCE WITH THE EXPORT
REQUIREMENTS OF THE REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

Generator FAILED to:

- 7.4(b) Notify the EPA of its intent to export. _____
Obtain acknowledgement of consent
from the receiving country. _____
- 7.4(c) Provide the information required in
N.J.A.C. 7:26-7.4 ET. SEQ. to the EPA. _____
- 7.4(c)7 Insure that the acknowledgement is
attached to each manifest. _____
- 7.4(c)8 Deliver a copy of the Manifest to
Customs at the point of departure? _____
- 7.4(g)4 Submit an annual report to the EPA? _____

COMMENTS:

DFWE 29
REV 01/12/93

161A

SECTION 10.

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE CONTINGENCY
PLAN & EMERGENCY PROCEEDURES REGULATIONS? _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 9.7(a) NO contingency plan. _____
- 9.7(b) Generator **FAILED** to impliment the
plan in an emergency. _____
- 9.7(c) Plan **FAILED** to describe the response
actions facility personnel and local
authorities shall take. _____
- 9.7(d) Generator **FAILED** to prepare a Spill
Prevention, Control, and Counter-
measures (SPCC) Plan in accordance
with 40 CFR 112 or 300 or a Discharge
Prevention Containment and Counter-
measure (DPCC) Plan in accordance with
N.J.A.C. 7:1E-4.1 et seq. _____

NOTE: DPCC: A schedule of regulated storage
volumes and their effective dates
can be found in N.J.A.C. 7:1E-4.6(b).

SPCC: Storage of any kind of oil and most
oil products including gasoline and
fuel oils if:

1. >660 gal single tank
2. >1,320 gal multiple tanks
3. >42,000 gal underground storage.

- 9.7(d) Generator has a DPCC or SPCC plan,
and **FAILED** to amend that plan to
incorporate hazardous waste
management. _____
- 9.7(e) Plan **FAILS** to describe arrange-
ments agreed to by local authorities. _____
- 9.7(f) Plan **FAILS** to list names, addresses,
and phone numbers (office and home)
of emergency coordinators. _____

- 9.7(g) Plan FAILS to include a list, location, AND CAPABILITIES of all emergency equipment. _____
- 9.7(h) Plan FAILS to describe evacuation procedures, evacuation signal(s) AND routes. _____
- 9.7(i) Generator FAILED to:
1. Keep a copy of the plan at the facility. _____
 2. Submit the contingency plan to local authorities. _____
- 9.7(j) Generator FAILED to revise the contingency plan when:
1. Applicable regulations are revised. _____
 2. The plan fails. _____
 3. The facility changes. _____
 4. The Emergency Coordinator changes. _____
 5. The emergency equipment changes. _____
- 9.7(k) Emergency coordinator NOT available. _____

COMMENTS

VIA

SECTION 11.

PERSONNEL TRAINING

IS THE FACILITY IN COMPLIANCE WITH THE PERSONNEL TRAINING REGULATIONS? YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 9.4(g)2 Training program NOT directed by a person trained in hazardous waste management procedures and, is it NOT designed to ensure that facility personnel are able to respond effectively. _____
- 9.4(g)3 Program FAILS to include the following response procedures:
- 9.4(g)3i Use of personnel safety equipment. _____
- 9.4(g)3ii Procedures for using facility emergency and monitoring equipment. _____
- 9.4(g)3iii Key parameters for automatic waste feed cut-off systems. _____
- 9.4(g)3iv Procedures for utilizing communications or alarm systems. _____
- 9.4(g)3v Responds procedures for fires & explosions. _____
- 9.4(g)3vi Ground water contamination responds procedures. _____
- 9.4(g)3vii Shutdown procedures. _____
- 9.4(g)4 Personnel have NOT successfully completed training within six months of the date of their employment or assignment to a new position at the facility. _____
- 9.4(g)5 Personnel do NOT take part in an annual review of training. _____
- 9.4(g)6 NO written documentation of the following:
- 9.4(g)6i Job title for each position and the name of the employee filling each job. _____

- 94(9)6ii A written job description.
- 9.4(g)6iii Description of the training given to personnel.
- 9.4(g)6iv Documentation of actual training.
- 9.4(g)7 Training records are NOT kept.
- 9.4(g)8 Semi-annual drills, involving all employees and local authorities are NOT conducted.

AND,

- 9.4(g)8i Generator FAILED to petition the Department for an exemption from the drill requirement.

OR

- 9.4(g)8ii Generator FAILED to petition the Department for an exemption excluding local officials.

COMMENTS

21A

SECTION 12.

PREPAREDNESS AND PREVENTION

IS THE FACILITY IN COMPLIANCE WITH THE PREPAREDNESS & PREVENTION REGULATIONS?	YES	NO
	_____	_____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- | | | |
|---------|--|-------|
| 9.6(b) | Facility <u>FAILS</u> to have: | |
| 9.6(b)1 | Communications or alarm system. | _____ |
| 9.6(b)2 | A telephone or device to summon
emergency assistance. | _____ |
| 9.6(b)3 | Portable emergency equipment. | _____ |
| 9.6(b)4 | Adequate water supply. | _____ |
| 9.6(c) | Generator <u>FAILED</u> to test and
maintain emergency equipment. | _____ |
| 9.6(f) | Generator <u>FAILED</u> to: | |
| 9.6(f)1 | Familiarize Police, fire depart-
ments, and emergency response
teams with the layout of the
facility, & hazardous waste handled. | _____ |
| 9.6(f)2 | Have an agreement designating
primary emergency authority to a
specific police and fire department
where more than one Police and fire
department are involved. | _____ |
| 9.6(f)3 | Make agreements with emergency
response contractors, and
equipment supplier. | _____ |
| 9.6(f)4 | Make arrangements to familiarize
local hospitals with the properties
of hazardous waste handled at the
facility and the types of injuries
result from fires, explosions,
or discharges at the facility. | _____ |
| 9.6(f)5 | Make arrangements with local fire
departments to inspect the
facility on a regular basis with
at least two (2) inspections
annually. | _____ |

9.6(f)6

Document when authorities
identified in (f)1 through 5
above declined to enter into
such arrangements.

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COMMENTS:

VIA

SECTION 13.

WASTE WATER TREATMENT PLANT SLUDGE

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE WWTP REQUIREMENTS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the answer is YES to any of the questions listed below, the sludge drying unit is subject to Hazardous Waste Facility permit requirements and must be regulated as a Miscellaneous Unit pursuant to N.J.A.C. 7:26-10.9 et seq. The generator is operating as an illegal TSDF and SHOULD BE CITED for being in violation of N.J.A.C. 7:26-12.1(A).

1. "WASTE WATER TREATMENT UNIT" QUALIFICATION PER 7:14A-4.3

The drying unit is NOT part of a waste water treatment facility which is subject to regulation under Section 402 or Section 307(b) of the federal Clean Water Act.

Note: In order to be considered "part of" the facility, the dryer need not be physically connected to the W.W.T. facility, but must be located at the same site.

The drying unit does NOT treat a sludge which is generated on-site by the wastewater treatment facility.

The sludge is NOT to be treated as a regulated hazardous waste as defined at N.J.A.C. 7:26-8.

The drying unit does NOT meet the definition of a "tank" at N.J.A.C. 7:14A-4.3.

Note: "Tank" means a stationary device designed to contain an accumulation of hazardous waste and constructed of non-earthen materials which provide the structural strength to totally contain the waste. Dryers that are integrally equipped with feed or discharge hoppers for treatment of sludge in bulk satisfy the definition of "tank". Others not so designed may still be considered tanks on a case-by-case bases.

2. PRIMARY PURPOSE RESTRICTION

The primary purpose of the dryer is NOT to dehydrate sludge, BUT TO destroy sludge to produce an ash residue.

3. THERMAL INPUT LIMITATION:

The dryer's maximum total thermal input, excluding the heating value of the sludge itself, IS MORE than 2,500 BTU's per pound of sludge treated on a wet-weight bases.

Note: Total thermal input equals dryer heating capacity (converted to btu/min) multiplied by the maximum drying time divided by weight of sludge per batch.

use the space provided below to determine the total thermal input.

COMMENTS:

INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name:

Stanley Russell Corp

Facility Address:

River Road - State St
Camden, NJ

Facility ID No.:

NTD 980789929

Inspector's Name:

Kathryn Garcia / Rob Savill

Inspector's Phone:

215-293-0450

Division/Branch: CAP Federal

Date of Inspection:

9/2/93

INSPECTORS' MULTI-MEDIA CHECKLIST

GENERAL VISUAL CUES OF POSSIBLE NONCOMPLIANCE WARRANTING FURTHER INQUIRY

1. Sloppy housekeeping or poor maintenance in work and storage areas or laboratories.
2. Stains or discoloration of soil, concrete, or floors in work areas.
3. Distressed vegetation - unhealthy, discolored, or dead.
4. Dark smoke or dust clouds, or smoke coming from other than a smoke stack.
5. Unusual odors or strong chemical smells.
6. Sheen on surface waters.

CHECK IT OUT!

1. If you see or hear something suspicious during an inspection, check it out! Ask probing questions:
 - What is it? Is it a waste product?
 - What process produced it?
 - Has it been tested?
 - Where do you normally dispose of it?
 - Do you have a permit for the disposal?
 - How long has the circumstance existed?
 - When did it begin?
2. Pay attention to the situation.
 - Note amount of pollutant that appears to be involved.
 - Note the location.
 - Take notes describing the situation, noting the source of the pollutant and its emission point.
 - Take photographs.

PROGRAM-SPECIFIC QUESTIONS

Refer to program-specific questions in Attachment A appropriate for the facility you are inspecting.

REPORTING POSSIBLE NONCOMPLIANCE

Throughout this checklist, there are YES/NO questions. If you place an answer in a field marked with an asterisk (*), this means you should promptly refer the matter to the appropriate Region II program office. After you return from your inspection, immediately let your supervisor know that you observed possible noncompliance in another program area during your inspection. The information should then be referred to the appropriate Section Chief listed on Attachment B.

Waste Minimization Checklist

GENERATOR CHECKLIST

=====

MANIFEST

GENERAL 262.20

YES NO N/A

Does the generator, offer for transportation, hazardous waste for off-site treatment/disposal? If yes, proceed to next question. If no, proceed to 264.75/265.75.

☒ ☐ ☐

262.23

Does the generator sign the manifest certification which states;

☒ ☐ ☐

" If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of the waste generated to the degree I have determined to be economically practical and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford."

Does the generator have a written Waste Minimization Plan?

☐ ☒ ☐

If no, ask the generator to describe his plan orally.

COMMENTS:

(Explain in this space the areas that visually show evidence that a program is in place and is being implemented)

facility reduces need for hydraulic oil when possible

ANNUAL /BIENNIAL REPORT

262.41

YES NO N/A

Has the generator submitted Annual (AR) or Biennial reports (BER) to the appropriate regulatory agency?

— — —

The inspector should review these reports prior to the inspection (see above), and should try to verify the information in the report during his/her site inspection. The following questions should be addressed during the inspection.

262.56 (5)

Does the BER or AR include the efforts undertaken during the year to reduce the volume of toxicity of the wastes generated?

— — —

Does the BER or AR include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?

— — —

Do these efforts match the information contained in the generator's written or verbally described waste minimization program.

--- --- ---

Is the BER or AR certification signed by the generator or authorized representatives?

— — —

**GENERAL INSTRUCTION
FOR WASTE MINIMIZATION CHECKLIST**

I. Legislation and Authority

A. The EPA is given the authority by Congress through the Hazardous and Solid Waste Amendments of 1984 (HSWA) to protect the environment by "minimizing the generation of hazardous waste and the land disposal of hazardous waste by encouraging process substitution, material recovery, properly conducted recycling and reuse, and treatment;" (HSWA, sec.1003(a) (6)). Through this and other legislative actions, Congress has made clear it's intention that the reduction of hazardous waste is far more desirable than the safe disposal of hazardous waste.

B. HSWA sets forth two basic requirements for generators and treatment, storage and disposal facilities (TSDFs). They are:

1. that hazardous waste generators submit waste minimization reports as part of the biennial reports (3002 (a) (6)),

2. that generators certify on the manifest that they have a waste reduction program in place (3005 (h))

II. Pre-inspection procedures:

Review any company documents regarding waste minimization activities conducted by the handlers to be inspected. (PAB files/ permit files if TSD). This should include records of the annual reports (AR) submitted to the states, or the biennial reports submitted to EPA. The AR/BER contain a description of the efforts taken during the year to reduce the toxicity and volume of waste generated, as well as the actual reductions achieved.

TSD/ CHECKLIST

The inspector should review a copy of the AR/BER prior to the inspection, and should try to verify the information in the report during his inspection. The following question should be addressed during the inspection.

Does the AR/BER include the efforts undertaken during the year to reduce the volume of toxicity of the waste generated?	YES	NO	N/A
	---	---	---

Does the AR/BER include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?	---	---	---
--	-----	-----	-----

Do these efforts match the information contained in the generator's written or verbally described waste minimization program.

Is the AR/BER certification signed by the generator or authorized representatives?	---	---	---
--	-----	-----	-----

264.75/265/75 (h-j)

Does the generator treat, store and dispose hazardous waste on site?	---	---	---
--	-----	-----	-----

If yes to the above question, does the generator submit BERs or ARs to the appropriate regulatory agency?	---	---	---
---	-----	-----	-----

ATTACHMENT A - FOLLOW-UP QUESTIONS**RCRA**

If the facility has a RCRA permit or "interim status" as a treatment, storage or disposal facility (TSDF), do not complete this form but enter the facility's EPA ID number here _____.

Ask:

1. A. Has the facility determined that it generates hazardous waste? YES NO
 If NO, skip Questions 2 to 8 and go to Question 9. If YES continue:
 - B. If the facility generates or transports hazardous waste, what is its EPA ID Number? _____
 [If the facility cannot produce an ID Number, *REFER*.]
2. A. Are there containers or tanks which hold hazardous waste? YES NO
 If NO, go to Question # 3. If YES, continue:
 - B. Are the containers and/or tanks clearly marked with the word "Hazardous Waste," and are they marked with the accumulation start date? YES NO
 - C. Do hazardous waste storage tanks have secondary containment systems (i.e., berm, vault, double wall tank)? YES NO
 - D. Does the facility store hazardous waste in containers or tanks for longer than 90 days? YES* NO
3. Does the facility store, treat or dispose of hazardous waste in lagoons, pits, piles or landfills? YES* NO
4. Does the facility treat hazardous waste by incineration, precipitation, neutralization or other means to change the physical or chemical nature of the waste? YES* NO
5. Does the facility accept hazardous waste for treatment, storage or disposal from off-site locations (including off-site facilities owned by the same company)? YES* NO
6. Does the facility maintain copies of hazardous waste manifests or site? YES NO

RCRA, Continued

7. Are there any indications that hazardous waste storage or treatment units (i.e., containers or tanks) are poorly maintained and may cause the release of hazardous waste to the environment? YES*
8. Are there any indications that chemicals or wastes have been discharged to the environment through improper handling, leaks, spills, dumping or other discharges? YES*
9. A. Does the facility claim to generate non-hazardous process wastes (i.e., excluding office paper wastes, cafeteria wastes, etc.)? YES*

If NO, go to Question 10. If YES continue:

- B. What type of non-hazardous wastes does the facility handle (E.g., treatment sludges, ash, solvents, waste oils, etc.)

waste hydraulic oil

- C. Very briefly describe the process(es) that generate the wastes in Question 9B.

oil from machines - lube, etc.

10. Are there any indications that waste generation, handling, management or disposal practices have resulted in environmental damage or pose the threat of such damage? YES*

REFER to program office if you check an answer marked with *.

UNDERGROUND STORAGE TANKS (UST)

Ask:

1. Does the facility have regulated USTs? YES NO

[A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

If YES, ask:

2. Are the USTs registered with the State? YES NO
3. What kind of petroleum product or hazardous substance does UST contain? _____
4. Is there any evidence of UST leakage/spillage? YES* NO
5. When was the UST installed? _____
6. All USTs must have leak detection according to the following schedule:

<u>Installation Date</u>	<u>Leak Detection By December of--</u>
Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

All USTs installed after December 1988 must currently be equipped with leak detection.

Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it? YES NO
8. Are required records available on-site (e.g., documenting registration and leak detection)? YES NO

REFER to program office if you check an answer marked with *.

AIR **Stationary Source Compliance**

1. With sun BEHIND you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? ___YES*___NO
 ["Opaque smoke" is smoke -- not steam -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140° arc behind the observer. Please note whether sun was obscured; if sun was not obscured, note the relative positions of the sun, the observer and the emission point observed.]
2. If YES, ask:
 - A. Which process or process line is smoke coming from? (Try to be specific, e.g., "Boiler No. 4" or "Coating Line C").

 - B. What is the cause of the smoke emission? E.g.--
 - i. Is any air pollution control equipment out of service turned off while production is ongoing? ___YES___NO
 - ii. If YES: When will it be back on line? _____
 - iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? ___YES___NO
 - C. Note color of smoke: _____
3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? ___YES___NO
- B. If YES: Did the facility obtain any state or federal air pollution permits for the expansion? ___YES___NO
4. A. Does the facility have any coating or printing operations? ___YES___NO
- B. If YES:
 - ii. Are the coatings or inks used: water-based or solvent-based?
 - i. If solvent based, are all process lines controlled, or are coating formulations in use which comply with applicable limits? ___YES___NO
 - iii. What are the principal solvents or chemical compounds used in process lines? _____
 (Ask for copies of MSDS, if available.)

REFER to program office if you check an answer marked with *.

AIR, Continued

5. Observe: Are there strong solvent odors at the facility? YES* NO
7. Does the facility emit any of the following pollutants: mercury, beryllium, lead or asbestos? YES* NO
8. A. Does the facility emit, or use in its processes, vinyl chloride or benzene? YES* NO
- B. If YES:
- i. From which process lines? _____
- ii. Does the facility check for leaks on such process equipment? YES NO
9. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? YES NO
- If YES:
- B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? _____
- C. If the amount exceeded 260 linear feet, or 160 square feet, *REFER* to Air program office; and Ask: was EPA notified of removal? YES NO

RADIATION

Ask:

1. Are any radioactive materials used or stored at this facility? YES ~~NO~~
2. If YES, does the facility have a state or federal radiation license? ~~YES~~ NO

REFER to program office if you check an answer marked with *.

WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
And PRE-TREATMENT/UNDERGROUND INJECTION CONTROL (UIC)

1. Observe/Ask: Does the facility dispose of any wastewater (e.g. from its manufacturing processes, wash water or other industrial wastes)? YES ☐ NO ☒
 2. If yes: Does the facility discharge wastewater into a--
 - receiving stream? YES ☐ NO ☐
 - municipal sewer (sanitary or storm) system? YES ☐
 - subsurface disposal system (septic system, drywell or cesspool)? YES ☐
- As applicable, ascertain the name of the stream or sewer system.
3. An NPDES permit is required for discharge to a waterbody; a pretreatment permit is usually issued by the municipality authorizing the discharge to a sanitary sewer system; and a UIC permit is required for subsurface disposal. Does the facility have a permit for each discharge? YES ☐ NO ☐
No discharge N/A
 4. Does the facility treat wastewater prior to discharge? YES ☐ NO ☐
N/A
 5. Observe:
 - a. Is the effluent from the wastewater treatment facilities clear and free of solids? YES ☐ NO ☐
N/A
 - b. Is equipment clean and well maintained? YES ☐ NO ☐
N/A
 - c. Are there any unusual odors? YES ☐ NO ☐
N/A
 6. Ask: Is the effluent currently in compliance with the limitations established in the permit, or the terms of an administrative or judicial compliance order? YES ☐ NO ☐
N/A

REFER to program office if you check an answer marked with *.

NPDES and UIC, Continued

7. Observe/Ask:

- a. How are waste fluids disposed of? *Safety blow*
- b. Does the facility have floor or storm drains? YES NO

If YES:

Is there fluid in the drains? Is there evidence (staining, etc.) of fluid entering drains? Are storm drains situated such that they could receive spills from truck loading accidents, etc?

- c. Does the facility operator indicate, or is there any evidence that any wastewater, or wastes/spills go into drains? YES* NO

PUBLIC WATER SUPPLY

1. Observe/Ask: Does the facility have its own water supply (i.e., well)? YES NO
2. If YES: Does the facility provide potable water for 25 or more persons? YES NO
3. If YES: Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state? YES NO

REFER to program office if you check an answer marked with *.

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)

EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW

ASK:

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? YES ☒

[Threshold planning quantities are established by regulation and vary by chemical, and range from 1 lb. to 5000 lbs.]

B. If YES: Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? YES ☒
2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? YES* ☒

[Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.]

B. If YES: Was notification of the release provided? YES ☒

C. If YES:

 - i. To whom was the notification given?
 - ii. Was notification oral or written?
 - iii. If oral, was a written, follow-up report submitted? YES ☒

[If facility cannot identify to whom notification was given cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, *REFER*.]
3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? YES ☒ NO ☐
- B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? YES ☒ NO ☐

REFER to program office if you check an answer marked with *.

EPCRA, ContinuedTOXIC RELEASE INVENTORY (TRI)

Ask:

1. Does the facility have 10 or more full-time employees? YES NO
2. Is the facility classified under SIC codes 20 through 39? YES NO

If the response to either 1. or 2. is "NO," no further questions are required.

3. If both 1. and 2. are YES:

Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). YES NO

4. If YES:

Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? YES NO

For more EPCRA information, call 1-800-538-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at 908-906-6890.

REFER to program office if you check an answer marked with *.

TOXIC SUBSTANCES CONTROL ACT (TSCA)

Ask:

1. A. Does the facility use electrical equipment that contains polychlorinated biphenyls (PCBs) (excluding small capacitors and florescent light ballasts)? YES* NO
- B. IF YES:
- i. How many oil filled electrical transformers does the facility have?
- ii. How many PCB Transformers does the facility have (transformers which contain PCBs at concentrations of 500 ppm or greater)?
2. A. Does the facility have any high temperature hydraulic systems? YES NO
- B. If YES:
- i. Have PCBs ever been used in these systems? YES* NO
- ii. What is the current PCB concentration in these systems?
3. A. Does the facility have any oil filled heat transfer systems? YES NO
- B. If YES:
- i. Have PCBs ever been used in these systems? YES* NO
- ii. What is the current PCB concentration in these systems?
4. A. OBSERVE PCB Items (transformers, capacitors, containers)
- Are any leaking? YES* NO
- Do all have a PCB label? YES NO
5. A. ASK: Does the facility have a PCB storage for disposal area? YES* NO
- B. If YES, OBSERVE the PCB storage area. Does it have --
- PCBs stored for disposal in it? YES* NO
- a roof and walls to keep out rain? YES NO
- a 6" high impervious containment berm? YES NO
- a PCB label? YES NO
- Is it in the 100-year flood plain? YES* NO
- Do all items show the date "removed from service for disposal"? YES NO

REFER to program office if you check an answer marked with *.

REFER to program office if you check an answer marked with *.

WETLANDS

1. Observe:

- A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? YES NO

[Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.]

- B. Are there any waterbodies or waterways on or adjacent to the site? YES NO

2. If answer to # 1. A or B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, or is there any evidence that such activities have occurred very recently? YES NO

3. If YES:

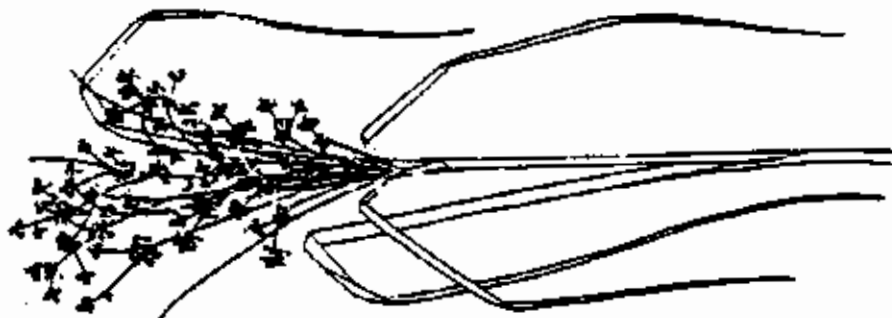
- A. When was the work undertaken? _____
- B. Does the facility have any permits for this work? YES NO

4. If YES:

- A. What agency(s) issued such permits? _____
(E.g., U.S. Army Corps of Engineers; State environmental agency.)
- B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)? _____

If facility is unable to provide adequate information in response to # 4., *REFER* to program office.

REFER to program office if you check an answer marked with *.



Corporate responsibility is not a
new buzz or trendy leader

Range Newfoundland to
Saskatchewan, south to North Carolina
and 1781 Britain
Molitor, M. 1871, 1872, 1873, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1881, 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2

General characteristics: Plants up to 1 foot tall, growing in small groups, stems with long, narrow, rigid leaves. Leaves crowded at base, and, usually sparsely at top of the stem.

[illegible]

Supermarket
First & only, new 100,000 sq. ft. Supermarket located at the corner of Hwy 101 & Hwy 102, in the heart of the community.

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Center for the Study of the History of the
Society

Range: Nova Scotia to Minnesota, south to Florida and Mexico.

Highland These mountains, especially the west, edge of forest and provide a natural check on the flow up to the top. Generally growing in dense forest, some are being cut for lumber. The forest is the result of the importance of the forest.

Seven Shagbills were captured and banded. A *Myiarchus cinerascens* was also captured.

Indefatigable. Flowers to the city of scales with long tips and appressed in spikes, the male spike single, erect in the top of the stem, more undulating towards apices two to four, thick, cylindrical, up to 1½ inches long and 1 inch thick, brittle on stem detached erect on numerous decaying very densely flowered flowering during winter, July.

From A better, more like teacher
we found an excellent one like
teacher

1



111111 111111
 111111 111111
 111111 111111
 111111 111111

[illegible]

Many Western blades, represented by
varieties on the base of the image
exaggerate flowers small and
crush to leaves with dense scale like
matted impels and dense stems grade
provenance. flower clusters with many
thing numbers of randomly lengths, the
various at the top of the smaller
members, flowering during July

[illegible]

3

Attachment B

REGION II MEDIA PROGRAM SECTION CHIEFS (and Alternate Contacts)

RCRA: Joel Golumbek (NJ, Caribbean), 264-2638
John Gorman (NY), 264-2621

AIR (Except Asbestos): Karl Mangels (NY), 264-6684
Jehuda Manczel (NJ, Caribbean), 264-6680

AIR/ASBESTOS: Robert Fitzpatrick, 264-6770

UST: Dit Fai Cheung, 264-6069

TSCA: Dan Kraft, 340-6669
Dave Greenlaw, 340-6817

EPCRA: For Toxic Release Inventory: Dan Kraft, 340-6669
Nora Lopez, 340-6890

For Emergency Planning & Community Right-to-Know:
John Higgins, 340-6194

SPCC: Doug Kodama, 340-6905

Federal Facilities: John Fillipelli, 264-6723

NPDES and Pretreatment: John Kushwara, 264-9878

UIC: Frank Brock, 264-1547

Public Water Supply: Robert Williams, 2164-3409

Wetlands: Daniel Montella, 264-5170

Removal Actions: Richard Salkie, 340-6658
Bruce Sprague, 340-6656
John Witkowski, 340-6991

Radiation: Paul Giardina, 264-4110
Mindy Pensak, 264-4418
Florice Caporuscio, 264-0503

Section Chiefs should contact their appropriate counterpart(s) on the above list concerning potential violations.



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD980709929

INSTALLATION ADDRESS

RUSSELL-STANLEY CORP ACT POLY CONTAINER
RIVER RD & STATE ST
CAMDEN NJ 08105

RIVER RD & STATE ST
CAMDEN NJ 08105

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 155-879016
GSA No. 0248-EPA-OT

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY	
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY			
INSTALLATION'S EPA I.D. NO.	REGIONAL OFFICE	REGION I	Map 12 1985
NAME OF INSTALLATION	ENVIRONMENTAL PROTECTION		
INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE		
LOCATION OF INSTALLATION	NEW YORK, N.Y. 10007		

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS	

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED
F 1010980789929		

I. NAME OF INSTALLATION

RUSSELL-STANLEY CORP ACT POLY CONTAINER

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX		CITY OR TOWN	ST.	ZIP CODE
3 RIVER RD & STATE ST		CAMDEN	NJ	08105

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER		CITY OR TOWN	ST.	ZIP CODE
5 SAME		CAMDEN	NJ	08105

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first & job title)		PHONE NO. (area code & number)
2 MORELLI CHARLES-FACILITY MGR		609 541 2376

V. OWNERSHIP

NAME OF INSTALLATION'S OWNERSHIP	
8 RUSSELL-STANLEY CORP.	

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL	M - NON-FEDERAL	A - GENERATION	T - TRANSPORTATION (complete item VII)
		C - TREAT/STORE/DEPOSE	D - UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A - AIR	B - RAIL	C - HIGHWAY	D - WATER	E - OTHER (specify)

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.	
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

SIGNATURE
Charles Morrell

NAME & OFFICIAL TITLE (type or print)
CHARLES MORRELL
FACILITY MANAGER

DATE SIGNED
3/6/85

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

X. CERTIFICATION

☐ I, SIGNATURE, ☐ I, FACILITY, ☐ I, RECORDS, ☐ I, REACTIVE, ☐ I, TOXIC

CHARACTERISTICS OF NON-LEACHING HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each listed hazardous waste from your installation handled. Use additional sheets if necessary.

45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11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Russell-Stanley Corporation
MANUFACTURERS OF INDUSTRIAL CONTAINERS

P.O. BOX 458, CONVERY BOULEVARD, WOODBRIDGE, N.J. 07095

• TEL. (201) 634-6000

January 30, 1985

U.S. Environmental Protection Agency
Region II
Solid Waste Branch
Permits Administration Branch
26 Federal Plaza
New York, N.Y. 10007

NJD980789929

Attn: Mr. David Abrines

Subject: Request for Hazardous Waste
Generator's Permit/I.D. Number

Dear Mr. Abrines:

Confirming our telephone conversation of today, you will immediately send to my attention any and all applications/paperwork necessary for us to apply for a Hazardous Waste Generator's Permit/ I.D. Number for our Camden, N.J. manufacturing location.

I understand that the normal time frame for verbal issuance of a Generator's I.D. Number is 2 weeks after your receipt of a properly executed application form; written confirmation of same take substantially longer.

Very truly yours,


Craig F. Buehlmaier

CFB/kj
cc: Stanley Bey
Charles Morelli

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 28, 2013 - 1:49 PM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJD980789929	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 10/28/2013		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:4 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement action does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: crne_tble.rtf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: crnecomp3, citation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 28, 2013 - 1:49 PM

Page 2

RUSSELL-STANLEY CORP ACT POLY CONTAINER				County Name / Code: CAMDEN / NJ007				NJ0960789929	
Location: RIVER RD & STATE ST, CAMDEN, NJ 08105								REGION 02	
Mailing: RIVER RD & STATE ST, CAMDEN, NJ 08105									
Activity Location: NJ	State District: SOUTHERN	Accessibility:	Non-Officer:	Extract Flag: Y	Active Site: N				
Generator: Short-Term Gen: N	Transporter: Transfer Facility: N	Operating TSDF: Offsite Receiver: N	IC in Place: HSM: N	EI Indicator (HE / GH): N / N					
Full Enforcement: N	Converter: State TSDF: N	State Unaddressed SNC: N	EPA Unaddressed SNC: N	EPA Addressed SNC: N	EPA SNC w/Comp Sched: N				
CA Work: N	State Gen: N	State SVC w/Comp Sched: N							

Evaluations with No Violations:

CEI Evaluation: 09/20/1993	Activity Location: NJ	By: EPA Contractor	Identifier: 000	Person: R2	Branch:	Found Violation: NO
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subjile C: NO	Day Zero:	Focus Area:	

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 28, 2013 - 1:49 PM

Description of codes used on the report:

Universe	Description of Universe
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates if at the facility. Transports waste subject to RCRA regulations. (Y indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment).
IC In Place	Indicates that the facility has institutional Controls in place. (Y indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures (Y indicates the exposure exists and is under control; N indicates the exposure exists and is not under control; N indicates the exposure does not exist) GW - Groundwater Release (Y indicates the exposure exists and is under control; N indicates the exposure exists and is not under control; N indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSN	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. (Y indicates that the facility is in this universe)
Active State Gen	Indicates that the facility is an Active State Generator. (Y indicates that the facility is in this universe)
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. (Y indicates that the facility is in this universe)
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. (Y indicates that the facility is in this universe)
State SNC w/ Compl Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. (Y indicates that the facility is in this universe)
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. (Y indicates that the facility is in this universe)
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. (Y indicates that the facility is in this universe)
EPA SNC w/ Compl Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. (Y indicates that the facility is in this universe)

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FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Barriers indicator):	
Code	Description
B	Indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	Indicates that all RCRA responsibilities for permitting/desigue, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	Indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
I	Indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.
NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspended of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	Indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	Indicates that the handler is a former non-notifier.
X	Indicates that the handler is a non-notifier.
Evaluation Type	
CEI	Type Description
	COMPLIANCE EVALUATION INSPECTION ON-SITE

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